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ABSTRACT

This document contains the report of the preliminary analysis of data collected during site visits to Head Start centers conducted in the fall of 1980 as part of the Child And Family Mental Health (CFMH) Evaluation Project. The report is limited to data from two of the three components of the evaluation project -- the process component and the impact component. (Data from the third component, the ethnography component, are included in the Phase III final report.) The process component of the evaluation was designed to provide a descriptive analysis of the CFMH Project, while the impact component was designed to determine the extent and type of changes occurring as a result of the CFMH Project interventions. Following a brief description of the Head Start program, the CFMH's demonstration project, and the CFMH's evaluation project, the results from the data analysis, their interpretation and future implementation are discussed. Data tables from the process and impact components of the evaluation are appended. (Author/MP)

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SUMMARY OF FALL 1980 DATA ANALYSIS

The Child and Family Mental Health Evaluation Project

September 30, 1981

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Summary of Fall 1980 Data Analysis

This document contains the report of the preliminary analysis of data collected during site visits conducted in the Fall of 1980 as a part of the Child and Family Mental Health Evaluation Project. It is limited to data from two of the three components of the evaluation project and one of the two administrations of measures scheduled for the third year of the evaluation. Data from the ethnographic component, initiated in the Fall of 1980, is not included in this summary report. A summary of the data collected during the Spring of 1981 will be included as part of the Phase III final report.

As a means of providing some perspective to the data and its analysis, brief descriptions of the Head Start Program, the Child and Family Mental Health Demonstration Project, and the Child and Family Mental Health Evaluation Project are presented. Following the results of the data analysis is a discussion of the interpretation and further analysis. It should be noted that the unit of analysis is the Child and Family Mental Health Program model, not the local Head Start programs. The description of the two program models is presented within the description of the Child and Family Mental Health Demonstration Project.

The Head Start Program

The Head Start Program initiated a massive experiment in human services destined to impact on the fields of early childhood education, mental health, social services, and public health. It has assumed a leadership role in establishing parental involvement and linkages with community agencies. The Head Start philosophy

structure, and program goals have evolved into a coordinated effort to enhance the social competence of the children and families it serves. Social competence, as used by Head Start, is a dynamic rather than a static concept. It refers to the effectiveness with which Head Start children and their families cope with the environment in which they are presently functioning as well as the potential for coping with the home, school, and community environments that they will encounter in the future. Each component of Head Start is involved in the development of social competence; consequently, the Head Start program stresses the interdependence of cognition, nutrition, socialization, health, and mental health as functional components in its activities. The interdependence of these functional components is stressed in the Head Start Program Performance Standards. These standards provide for:

- The improvement of the child's health and physical abilities, including appropriate steps to correct physical and mental problems and to enhance every child's access to an adequate diet. The improvement of the family's attitude toward future health care and physical abilities.

- The encouragement of self-confidence, spontaneity, curiosity, and self-discipline which will assist in the development of the child's social and emotional health.

- The enhancement of the child's mental processes and skills with particular attention to conceptual and communication skills.

- The establishment of patterns and expectations of success for the child, which will create a climate of confidence for present and future learning efforts and overall development.

Since 1975, the Head Start mental health program has been an integral part of the health services component. The mental health objectives include mandates to:

- Assist children in emotional, cognitive, and social development toward the overall goal of social competence, within the context of educational and other program activities;

- Provide handicapped children and children with special needs, and their families, with the mental health services which will insure them the full benefits of program participation;

- Provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment;

- Provide for prevention, early identification, and early intervention in problems that interfere with a child's development;

- Develop a positive attitude toward mental health services and a recognition of the contribution of psychology, medicine, social services, education, and other disciplines to the mental health program; and

- Mobilize community resources to serve children with problems that prevent them from coping with their environment.

In implementing the mental health goals, local Head Start programs use the services of mental health professionals in a variety of training, consultation, observation, and screening roles. Historically, the mental health services emphasized diagnostic and treatment roles. The Child and Family Mental Health Program was designed to intensify efforts in the area of prevention.

The Child and Family Mental Health Demonstration Project

In 1977, the Administration for Children, Youth, and Families of the Department of Health, Education, and Welfare developed the Child and Family Mental Health Demonstration Project as a means of stimulating and developing new approaches to mental

health services to Head Start programs. The new approach combined primary prevention in mental health with the experimental, ecological understanding of human development to affect an optimal environment for the development of social competence. The intention was to combine two approaches in a manner that the resulting whole would be more than the sum of its parts. The master plan called for a demonstration program, a technical assistance program, and an evaluation project. The role of each component of the triumvirate is discussed in the following paragraphs.

Child and Family Mental Health Program

The new approach to mental health services in Head Start assumes that a functional understanding of Head Start children must go beyond the behavior observed in the classroom. When influences beyond the classroom are examined, a functional understanding of the children and their development is acquired. This functional understanding is heuristic in that it allows for and stimulates prescriptions for creating environments for maximizing the social competence of those children exposed to the environment. The preventive-ecological approach seeks to involve the efforts of Head Start administrators, teachers, and parents in a major effort to create the types of environments which maximize social competence in Head Start children. Thus, the objectives of the Child and Family Mental Health Program are to:

- Promote ecological approaches to the delivery of primary prevention mental health services for preschool children; and
- Develop ecological models for delivery of mental health services than can be implemented on a wide scale in Head Start and other child development programs.

Local Head Start programs were asked to respond to a Request for Proposal (RFP) to develop primary preventive mental health programs within the context of the preventive-ecological approach and the specific objectives of the Child and Family Mental Health Program. Additional guidelines called for the use of education and training activities for Head Start staff and parents, consultation for staff, and counseling for parents. Through training, consultation, and counseling, Head Start programs would:

- Increase staff and parental understanding of the social and emotional needs of children;
- Develop their awareness of the impediments to health and child development; and
- Strengthen the skills and techniques available to them for ensuring healthy development in the Head Start children.

The Child and Family Mental Health guidelines provided the Head Start programs with models for using mental health services for primary prevention. The responsibility for selecting the model most appropriate to their needs was left to the local Head Start programs. The two models included in the guidelines were:

- Community Mental Health Resource Model (CR)

  The Head Start program collaborates with a community mental health facility to design a program suitable to the particular needs of program participants. Under this community linkage approach, the Head Start program purchases training, consultation, and counseling services from the facility and operates the program in partnership with the support of mental health professionals connected with the community agency or facility.

- Mental Health Worker Model (MHW)

  This model was considered especially appropriate to communities which lack easily accessible mental health facilities. Based on a new careers approach, the model calls for the employment of a mental health worker indigenous to the population to be served. This staff person, typically a paraprofessional, provides the training, consultation, and counseling services under the supervision of a mental health professional who may be located outside the immediate area.

Eligibility for Child and Family Mental Health Program awards was limited to Head Start programs serving between 60 and 300 children with full-year operations and which had been certified by their respective regional offices as having a demonstrated record of acceptable performance and management.

The selection of programs to participate in the Child and Family Mental Health Project was made from approximately 130 applicants. Eight pairs of community mental health resource model applicants and six pairs of mental health worker model applicants were matched on variables including, but not limited to: (1) number of children served; (2) number of classrooms, (3) urban/rural locations, (4) community context, (5) cultural and ethnic composition of the population served, and (6) ratings of proposal quality. One program from each pair was randomly chosen to receive a Child and Family Mental Health contract to implement its proposed primary prevention program. The remaining program from each pair was asked to serve as a control group. While the control groups did not receive funds to implement the programs they had proposed, they were awarded funds to meet the cost of data collection and record-keeping related to the evaluation.

Technical Assistance Program

Training and technical assistance (T & TA) to programs was provided by Planning and Human Systems, Inc. The T & TA component was responsible for providing preservice orientation and training and follow-up consultation and training to the mental health providers and other key personnel at the Child and Family Mental Health Program sites. The Child and Family Mental Health Program preservice orientation and training consisted of familiarizing the providers and their Head Start directors with basic information about guidelines, methods of primary prevention, and principles and techniques of mental health consultation. In addition, field specialists hired by the T & TA contractor worked with each Child and Family Mental Health Program through a combination of site visits, correspondence, and telephone calls. The T & TA services were provided throughout the period of the demonstration grants.

Child and Family Mental Health Evaluation Project

The challenge of the evaluation project was to create a set of procedures that would at once describe the process of implementing the preventive-ecological approach as well as evaluate the impact of implementing primary preventive programs in a manner that highlights the implications for policy. In a sense, the design was partially determined by the evaluation strategy implicit in the method in which Head Start programs were selected and assigned to experimental and control groups. The strategy implied by the use of experimental and control groups was to change what existed by adding the Child and Family Mental Health Program to the regular mental health activities and to highlight any differences through the juxtaposition of contrasts. The evaluation of the Child and Family Mental Health Program demanded more than the mere selection of an evaluation design. At the least, it required a quasi-scientific

model which combines Bromfenbrenner's (1976) conceptions of a "contrived experiment" and an "experiment in nature." The evaluation design which guided the collection of data reported herein provides the flexibility that allows experience and knowledge gained in early phases of the evaluation to be used in the later phases. It also allows for the study of the process and effects of implementing the preventive programs in their natural settings as they occurred.

Evaluation Design

The general evaluation design, excluding the experimental-control comparisons, is reflected in Figure 1. The major features of the design include: multiple phases, repeated measures, and multiple evaluation components. There are three 12-month phases to the evaluation project. Within each phase, there are two periods of data collection at Head Start sites. The first (T_1) takes place in the Fall of the school year and the second (T_2) takes place in the Spring. The design also includes three evaluation components: process, impact, and indepth. The process component is designed to provide a detailed descriptive analysis of the primary prevention program. The impact component is to assess the effects of the Child and Family Mental Health Program on teachers, parents, classroom environments, and Head Start children. Originally, the indepth component was a more intense version of the impact component using similar methods but focused on a smaller sample of participants. The indepth component was later modified to add an ethnographic dimension.

A distinguishing feature of the general design is its inherent flexibility. The methods and procedures of each component of the evaluation are submitted to a pilot test before the full scale study is initiated. The pilot studies and the replication of

Evaluation	Phase I		Phase II		Phase III	
	T_1	T_2	T_1	T_2	T_1	T_2
Process		Pilot	Full Scale	Full Scale	Full Scale	Full Scale
Impact			Pilot	Full Scale	Full Scale	Full Scale
Indepth			Pilot	Full Scale	Full Scale	Full Scale

Figure 1. Phases, Evaluation Levels, and Data Collection Periods

some aspects of the evaluation across phases provide for continuous improvement in the procedures and precision of the evaluation.

Nested in the general evaluation design is a basic design that guides the analysis of the data reported herein. The basic design, presented as Figure 2, is a 2x2x2, composed of treatment conditions (experimental and control), administration (T_1 and T_2), and evaluation components (process and impact). The design is used for each of the two models in the evaluation as well as for each measure in which between-group and within-group comparisons are made.

Description of Evaluation Measures

The source documents for the Fall, 1980 data collection included interview schedules developed by the Urban Institute for Human Services, questionnaires, and rating scales selected from the literature. Two sets of measures were used--process and impact. The process measures were interview schedules designed to elicit the type of information from key respondents which described the specific activities of the primary prevention programs. The interview scales provided both quantitative and qualitative data. The impact measures were all psychometrically-oriented rating scales and questionnaires from which total scores or subscale scores could be derived. A brief description of each of the instruments used in each evaluation component follows.

Process Measures

Interview schedules were constructed for use with Head Start directors, mental health coordinators, mental health providers, and mental health supervisors. Separate instruments were developed for staff in each treatment condition (experimental and control) and

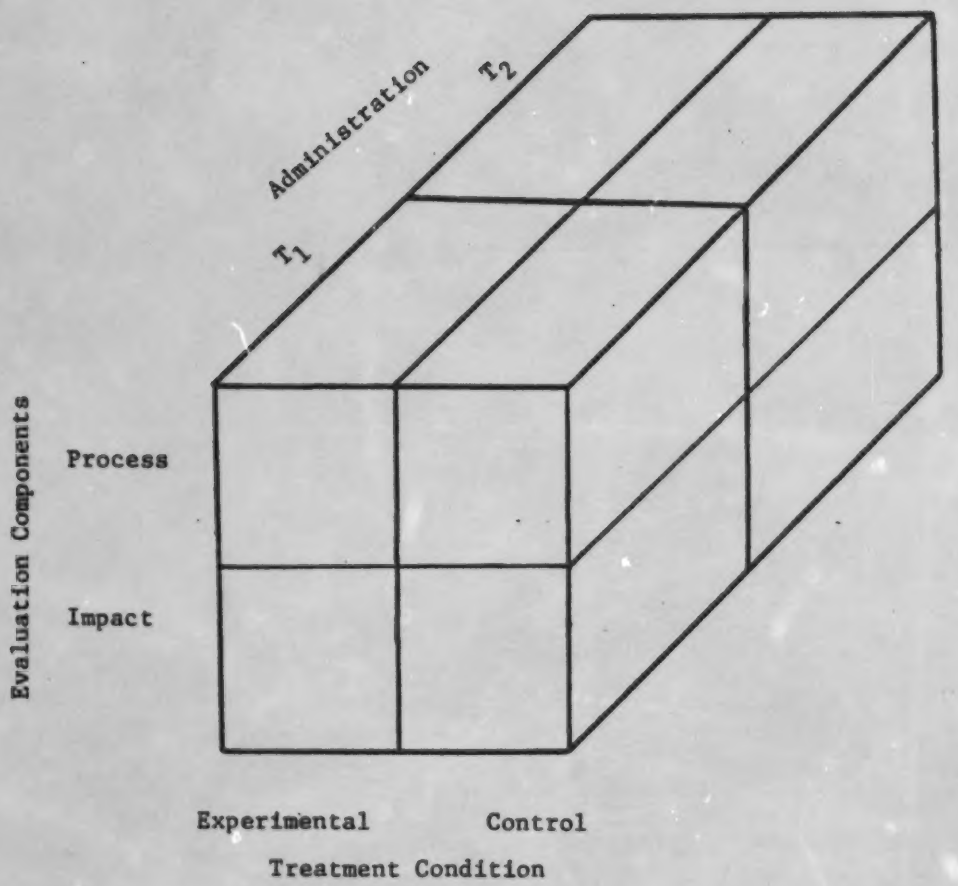

Figure 2. Basic Analysis Design

program model (CR and MHW). Consequently, a total of 13 different instruments were used in the Fall, process data collection effort. The list of condition-and-model-specific instruments is presented here as Table 1. For present purposes, the instruments will be described by class of respondent.

The Head Start Director instruments were designed to gain an understanding of the administrative structure of the Head Start program, including formal relationships with the grantee agencies, mental health facilities, and/or professionals. While it was assumed that some Head Start directors also served as the mental health coordinator, questions requiring detailed responses about program activities were not included on the Head Start Director's questionnaire. The length of the interview schedule varied with the model and condition for which it was developed, however, the range was only from 26 to 29 items. Specifically, the content of the Head Start Director interview schedules included the following areas:

- Grantee Agency--A set of questions were designed to elicit information on the nature and scope of the grantee agency and its activities, the types of programs (other than Head Start) for which the agency has responsibility, and the administrative relationship between the Head Start Director and the grantee agency.

- Director's Position--This section attempted to clarify the role and responsibilities of the Head Start Director within the Head Start program. Among the questions asked were those on previous positions held within the Head Start program; the number and nature of the staff reporting directly to the Director; the Director's role in the CFMH or mental health program; and the person responsible for selecting the mental health consultants.

Table 1

Model-and-Condition-Specific Process Instruments

Class of Respondent	Model	Condition
CFMH Head Start Director	MHW	Experimental
CFMH Head Start Director	CR	Experimental
Control Head Start Director	MHW	Control
Control Head Start Director	CR	Control
Mental Health Coordinator	MHW	Experimental
Mental Health Coordinator	CR	Experimental
Mental Health Coordinator	MHW	Control
Mental Health Coordinator	CR	Control
Mental Health Provider	MHW	Experimental
Mental Health Provider	CR	Experimental
Mental Health Provider	MHW	Control
Mental Health Provider	CR	Control
Mental Health Supervisor	MHW	Experimental

- Relations with Mental Health Facilities/ Personnel--A series of questions were directed toward determining the existence and nature of the relationship between the Head Start program and a mental health facility/personnel; the type of mental health facility used, if any; the background of the mental health professionals and the process of selecting a mental health facility or professional; the total number of consultation hours the mental health professionals were expected to provide; and the hourly rate paid for mental health services.

- Health Services Advisory Committee--Questions were designed to determine the composition of the Committee; the frequency of meetings; the perceived importance of the Committee; and whether or not the mental health consultant served on the Committee.

- Compliance--Directors were asked whether or not their program was in compliance with Head Start Performance Standards and the date of their Indepth Validation or Consultant Management Review.

In addition to the areas of questions indicated above, a few questions of an evaluative nature were asked. These questions had to do with the adequacy of resources to implement their mental health programs and the directors' perceptions of the greatest assets of their mental health service programs. An example of a model-specific questions is how the mental health supervisors were used in the programs (for MHW model).

The Mental Health Coordinator instruments were designed to elicit more of the details of the mental health or Child and Family Mental Health activities than were the other instruments. The major categories of questions were: Previous experience of mental health coordinator; responsibilities and duties; relationship with

mental health and other human service agencies, and program activities. Brief descriptions of each category follow:

- Experience--Mental health coordinators were questioned about the length of time they served in their current positions; previous positions held in the Head Start program; and other positions they held in addition to mental health coordinator.

- Responsibilities and Duties--Questions included in this cateogry were the percent of time devoted to the Child and Family Mental Health Project (experimental groups only); titles of supervisor and staff they supervised directly; and specific responsibilities.

- Relationships--This series of questions was designed to examine the coordinator's relationship with key members of the Head Start staff, consultants, and community agencies.

- Program Activities--A variety of questions sought to explicate specific program activities in the areas of classroom activities, parent orientations, staff orientation and/or training. In addition, questions regarding activities directed toward mental health and providing services consistent with parents' and children's cultural experiences, as well as difficulties encountered in the implementation of specific aspects of the mental health program, were included.

The Mental Health Provider interview schedules ranged from 15 to 20 items. Answers were sought to questions related to the provider's experience with the Head Start program; their training and experience backgrounds; the type of agency with which they were affiliated; the nature of their specific relationship with the Head Start program; their specific duties; and some program activity questions.

- Experience--Mental health providers were questioned about the length of time they had worked for the program; the mental health discipline in which they were trained; the amount of emphasis their training had on prevention; and the kinds of experiences they had had in preventive mental health.

- Responsibilities, Duties, and Affiliation--This section inquired about the number of hours mental health providers devoted to the program; the agency with which they were affiliated; the services they provided the program; and the services provided by other key personnel.

- Relationships--Questions in this category included the type of agreement mental health providers had with the program and their involvement in planning the Child and Family Mental Health proposal.

- Program Activities--This section sought to obtain information about program activities directed toward developing positive mental health attitudes in parents and staff; barriers and problems encountered; and activities used to orient parents toward the goals of the Child and Family Mental Health Project.

The Mental Health Supervisor interview schedule included 21 questions. Supervisors were asked about the training and experience backgrounds; the type of agency with which they were affiliated; the nature of their relationship with the Head Start program; their specific duties; the advantages and disadvantages of the paraprofessional model, and program activities.

- Experience--Answers were sought to questions concerning the length of time the mental health supervisors had served in the program; the types of disciplines in which they were trained; the emphasis in their training on preventive mental health; and the kinds of experiences they had had in primary preventive mental health programs.

- Responsibilities, Duties, and Affiliations--Mental health supervisors were asked about the number of times they met with the mental health worker; their responsibilties to the Health Services Advisory Committee; and types of services they provided for the program.

- Relationships--These questions attempted to ascertain the type of agreement supervisors had made with the programs; their role in planning the Child and Family Mental Health proposal; and their approach to the supervisory role.

- Advantages and Disadvantages of the Paraprofessional Model--The mental health supervisor was asked to state the advantages and disadvantages of using paraprofessionals as mental health workers; and the important qualifications for that position.

- Program Activities--This section inquired about the types of services offered by the program; the materials found useful in training the mental health worker; preventive activities performed by teachers; and the theoretical basis of the Child and Family Mental Health Project.

Impact Measures

A total of six impact measures were selected to be administered to teachers, parents, and Head Start children. The instruments included the Kohn Social Competence Scale for Teachers, the Kohn Social Competence Scale for Parents, the CIRCUS Educational Environment Questionnaire for Teachers, the High Scope Home Environment Scale for Parents, and the Brown IDS Self-Concept Referents Test. The following paragraphs provide a brief description of each instrument as well as the rationale for its use in the evaluation.

The Kohn Social Competence Scale is a 64-item instrument developed by Martin Kohn, Ph.D., for use by teachers in rating preschool children on various aspects of social competence. The scale requires teachers to rate the child on each of the items on a 5-point scale with the response options: (1) hardly ever or never, (2) seldom, (3) sometimes, (4) often, or (5) very often or always. Examples of items are:

- Child seems eager to try new things.
- Child shows enthusiasm about work or play.
- Child is quarrelsome.

Use of the scale produces scores on two bipolar dimensions of children's socio-emotional functioning. Those dimensions are interest-participation vs. apathy-withdrawal, and cooperative-compliance vs. anger-defiance. As a primary goal of the Head Start program is the development of social competence, the Kohn instrument was selected to assess the impact of the Child and Family Mental Health Program on this variable.

Consistent with the point of view that the understanding of the child and his/her development must transcend the immediate

environment of the classroom, a version of the Kohn was adapted for parents. The Kohn Social Competence Scale for Parents is a 62-item scale administered to parents with the same set of response options as the teacher version. The use of the parents' adaptation permitted the acquistion of both parents' and teachers' perception of the social competence of the same child.

While the evaluation was designed to assess the effects of the Child and Family Mental Health Program on the social competence of children in Head Start, an effort was made to avoid restricting attention of the evaluation to the children. Since the ecological orientation underlying the Child and Family Mental Health Program suggests that changes in the environment are important to the behavior of the children, an effort was made to acquire information about the settings in which the children function. Toward this end, one instrument was selected to assess the classroom environment and another to assess the home environment.

Selected portions of the CIRCUS 17 Educational Environment Questionnaire were used to assess classroom environments. Educational viewpoints, techniques, and objectives were the sections chosen for the evaluation. These sections provide measures of teacher attitudes toward preschool children and preschool programs, techniques used to control children's behavior, and common goals of preschool programs. Thirty-eight items of the educational viewpoints of the instrument were used in the evaluation. Items consisted of sentences to which classroom teachers indicated whether they tended to agree, disagree, or could not decide whether to agree or disagree. Examples of items in this section include the following:

- Preschool or kindergarten should be more concerned with social-emotional development than with intellectual development.

- Sensitive content such as sex, death, birth, God, and fears should be avoided as much as possible in preprimary classrooms.
- The home is the source of most of the difficulties children have in class.

The techniques section included a list of techniques sometimes used by teachers in nursery school and kindergarten to change a child's behavior. The teacher was asked to respond "yes" if he/she thought it sometimes appropriate to use the technique or "no" if he/she thought the technique should seldom or never be used. Examples of the items are:

- Ignore the child.
- Praise or reward the child when he/she shows good behavior.
- Point out the child's poor behavior to the other children.

The teachers were also asked to describe two techniques that they found most effective.

The third section of the CIRCUS Questionnaire was the preprimary education objective section. It provided a list of 18 widely-cited objectives of preprimary education. For each objective, teachers were asked to indicate if the objective was: (1) among the most important and critical; (2) of secondary importance; or (3) among the least important. Examples of items include:

- Abilities to cope with cognitive-intellectual demands (e.g., attention, initiative, curiosity, and positive attitudes toward learning).

- Abilities to cope with personal-social demands (e.g., impulse control, sense of self-identity and personal worth, ability to express feelings and respond to others, ability to cooperate or collaborate, and ability to cope with competitive situations).

- Sensitivities and appreciations (e.g., enjoyment and appreciation of diverse experiences, respect for an interest in differences among people, enjoyment of play and humor, and aesthetic appreciation).

In addition, teachers were asked to indicate the two most important and the two least important objectives.

The High Scope Home Environment Scale for Parents was used to assess the home environment. It was composed of 11 questions to parents about the activities in which their child engaged, the things with which the child played, and the activities in which the child and parent engaged jointly. Some items required a "yes" or "no" response; others required the parent to select from several response options. Item examples are:

- How much time does _____ watch television?
  (child's name)

  Would you say: 3 about 2 hours a day or more
  or: 2 every day but not for two hours
  or: 1 several times a week or less

- How often do you talk with _____
  (child's name)
  about his/her feelings towards things, such as his/her fears, people or things he/she especially likes, or people or things he/she especially doesn't like.

  Would you say: 3 almost every day
  or: 2 several times a week
  or: 1 not that often

The Parent Attitude Inquiry was designed to assess parents' attitudes toward child rearing. The questionnaire consisted of 51 items. Each item contained two opinions about the same matter. Parents were asked to choose the one statement of the pair that most represented their attitude. Examples from the forced-choice instrument follow:

- Example 1

  A. All children make their parents angry.

  B. A wise parent rarely gets very angry.

- Example 2

  A. A four-year-old cannot be expected to help care for a younger child.

  B. A four-year-old can be expected to be of some help in the care of a younger child.

The sample instrument used as a direct measure with the Head Start children was the Brown IDS Self-Concept Referents Test. The Brown is an individually-administered, self-report inventory that requires the test administrator to take a Polaroid picture of the child at the beginning of the testing session. After the picture developed, the child was asked 15 questions while looking at his/her picture. Most questions provided the child with a choice of paired alternatives (e.g., "Is (child's name) happy or is he/she sad?"). Other questions used the same format to ask the child if he/she possessed a specific trait (e.g., "Does (child's name) like to play with other kids or doesn't he/she like to play with other kids?").

Results

The Fall administration of the process and impact measures yielded a total of 4,836 interview schedules, rating scales, and questionnaires. The number of completed instruments by Head Start programs is presented in Table 2. The total number of completed instruments exceeds the number required under the contract due to oversampling in anticipation of attrition between the Fall and Spring administrations. The inflated number is also partially attributable to the use of the "best source" policy. This policy dictates that the interviews be conducted with the person who can best provide the information sought by the interview schedules. Thus, where center directors assumed administrative responsibilities comparable to Head Start directors in other locations, the option was exercised to interview the center directors as the best source of the information sought by the Head Start Directors' interview schedule. The best source option was also exercised when the executive director functioned as the titular director of the Head Start program.

The general purpose of the data analysis was to provide a quantitative and qualitative base against which to compare data collected in the Spring administration of measures to assess the impact of the CFMH program on the children, classroom environments, and home environments. The specific purpose of the process data analysis was to provide a description of the structure and specific activities of the programs as well as to test the comparability of experimental and control programs. The analysis of the impact data was designed to empirically construct the scales that will be used in the between-groups comparison as well as the within-group comparison in addition to statistically testing the comparability of the experimental and control groups on the dependent measures.

Table 2

Data Collection Instruments

Fall, 1990

Program	Process				Impact				Total
	Director	Mental Health Coordinator	Provider	Mental Health Supervisor	Teacher CIRCUS	Teacher Kohn	Parent Kohn	Brown	
Experimental									
Mental Health Worker (MHW)									
Appleton, MO	1	2	1	1	6	54	48	0	113
Georgetown, TX	1	1	2	1	5	54	44	40	148
Holyoke, MA	1	1	1	1	5	56	45	0	110
Reno, NV	1	1	1	1	4	44	42		94
Troy, AL	1	2	1	1	6	47	35	0	93
Laredo, TX	2	1	1	1	4	47	44	0	100
Subtotal: Experimental MHW	7	8	7	6	30	302	258	40	658
Community Resource (CR)									
Berkeley, CA	1	1	1		4	46	42	0	95
Bridgeton, NJ	1	1	3		6	64	42	0	117
Indiana, PA	1	1	2		6	59	47	43	159
Live Oak, FL	1	1	3		4	45	43	0	99
New Albany, IN	1	1	2		6	53	44	0	107
New Orleans, LA	1	2	4		7	57	32	0	103
Provo, UT	1	1	2		4	48	44	0	100
Tacoma, WA	1	1	3		6	64	42	0	119
Subtotal: Experimental CR	8	9	24		43	436	336	43	899
Total: Experimental	15	17	31	6	73	738	594	83	1557
Control									
Matched to MHW									
Dewey, OK	1	1	1		4	51	43	0	101
Hillsboro, TX	1	1	2		4	54	44	0	106
Hughesville, MD	1	1	1		6	44	43	0	96
Kirksville, MO	1	1	1		4	47	44	0	98
Las Vegas, NM	5	4	6		6	46	44	0	111
Subtotal: Control MHW	9	8	11		24	242	218	0	512
Matched to CR									
Chester, PA	1	1	1		6	50	49	0	108
Decatur, GA	1	1	1		5	50	43	0	101
Galveston, TX	1	1	0		6	60	43	0	111
Grand Rapids, MI	1	1	1		6	59	45	0	113
Monroe, MI.	1	1	3		5	61	44	0	115
Olympia, WA	1	1	3		6	53	44	0	110
Rapid City, SD	1	2	2		4	53	47	0	109
Subtotal: Control CR	7	8	13		38	386	315	1	767
Total: Control	16	16	24		62	628	533	0	1279
Grand Total	31	33	55	6	135	1366	1127	83	2753

Analysis of Process Data

Of the 4,836 source documents used in the data analysis, 125 were included in the analysis of process data. The data from interviews with Head Start directors, mental health coordinators, mental health providers, and mental health supervisors were aggregated to provide the descriptive, comparative, and evaluative data reported in this section. The interview data are organized, by topic, including descriptive information on the grantee agencies, the Head Start personnel, their duties, and responsibilities; qualifications of key personnel; relationships with community agencies; and program activities. Statistics were calculated as percentages and as mean number of respondents. Direct comparisions are reported in those areas in which there appeared to be a difference relative to the Child and Family Mental Health program or evaluation. The small number of cases per group and the nature of the differences found do not suggest the use of statistical tests. Therefore, at best, statements made represent trends in the data. Working tables for the process results are included as Apendix A.

Grantee agencies. The grantee agencies of Head Start programs participating in the CFMH Evaluation Project ranged from school systems (7%) to single-purpose agencies (10%). The majority were community action agencies (70%). Most of the grantee agencies (86%) have responsibility for programs other than Head Start. On the average, grantee agencies were responsible for four or five programs. There was little variability across groups in either the percentage of grantees responsible for other programs or the number of programs for which they were responsible. There were no discernible differences in the distribution of types of programs by model or condition. The types of programs for which the agencies were responsible included home maintenance, family service, community outreach, senior citizens, community service, nutrition, and

public schools (Appendix A: Tables 4 & 5). Home maintenance programs provide weatherization of homes and supplemental heating costs. Family services, such as counseling or welfare, are provided by state or county public agencies while community outreach are public programs which extend services into the home. Medical services and recreational programs represent senior citizens programs, and community services are family services sponsored by local community organizations.

Personnel. Most of the Head Start directors (65%) held positions within the grantee agency before assuming their present position. This was highest for the MHW-experimental group (MHW-E = 100%) followed by its control group (MHW-C = 67%), and lowest in the CR model ($\overline{\text{CR-E}}$ = .50; $\overline{\text{CR-C}}$ = .50). Approximately the same percentage of directors (65%) continue to hold at least one other position within the grantee agency. Differences in the two models are again suggested by a higher percentage of MHW directors (81%) holding other grantee positions than in the CR model (50%). By contrast, less than half of the directors (45%) previously held positions in the Head Start programs with slight model differences obtained (CR = 38%; MHW = 53%). Directors most frequently held positions as teachers, assistant directors, or child care coordinators.

The majority of the mental health coordinators (81%) were employed full time, with fewer full time coordinators in control programs (73%) than in experimental coordinators (86%). There were no differences across the models. A higher percentage of experimental coordinators (88%) in both models were recruited from other Head Start positions than in control programs (CR-C = 50%; MHW-C = 75%). The most frequently held positions, across all groups, prior to the mental health coordinator position were parent involvement coordinator (20%), handicapped/special needs coordinator (16%), and teacher (16%). Seventy-five percent of the mental health coordinators

held another position within the Head Start program at the time of the interview. Group differences in other positions held are not suggested by the obtained results. The most frequently held positions were handicapped special needs coordinator (31%) and Head Start director (21%).

The providers in the CR-experimental programs were largely new to the Head Start program. Only 25% had previously worked with the Head Start program. In the fall of 1980, CR-experimental providers had worked for Head Start an average of 25 months compared with 19 months for CR-control providers. Their training was most frequently in psychology (CR-E = 62%; CR-C = 5%) followed by social work (CR-E = 20%; CR-C = 18%). Experimental and control groups differed in the types of agencies with which their consultants were affiliated. Close to half of the CR-experimental providers (49%) were affiliated with community mental health centers, 15% with educational institutions, and 8% with mental hospitals. By contrast, 32% of the CR-control providers were primarily associated with educational institutions, 18% in private practice, 17% with family service agencies, and only 9% with community mental health centers.

Formal agreements for the provision of services to Head Start programs were more frequently found among CR-experimental providers (60%) than among CR-control providers (46%). These agreements specified the hours per month provided by the consultants, the hourly wage or type of payment the consultants were to receive, the schedules they were to work and the services and supervision they were to provide. The community resource programs contracted the services of more than one consultant per program. In the experimental programs, an average of three consultants were employed per program for a stated total of 669 hours and 30 minutes per month. The control programs employed less consultants, two on the average (1.83), and consultants stated they provided a total of 310 hours

of services per month.

Community resource experimental programs report contracting for less money per consultant than their controls. The average hourly rate at CR-experimental programs was $18.13 per hour with a range of $12.50 to $25.00 per hour. Control CR programs contracted for $32.00 an hour on the average with a range of from $5.00 to $50.00 per hour. In the majority of CR-experimental and control programs (64%), the consultants were actually paid by the mental health facility and not by the Head Start program (25%). There were not any reported cases of payment with in-kind services for the community resource programs. The kinds of services provided under contract are discussed under the section on program activities.

A much larger percentage of the CR-control providers said their previous training included emphasis on primary prevention in mental health. Fifty-four percent of the CR-controls felt they had received quite a bit of emphasis on prevention, whereas 70% of the CR-experimentals felt the emphasis on primary prevention in their training was minimal. Both experimental (71%) and control groups (85%) in the CR model agreed that their professional training had emphasized treatment over prevention. Approximately 60% of the providers in both the CR-control and CR-experimental groups would have preferred more training in primary prevention.

Almost three-quarters of the mental health workers (71%) held positions in the Head Start program before assuming their present position. Previous positions held were predominantly in the social services area as an aide or specialist (43%) or as teachers (43%). One-half of the mental health workers were paraprofessionals, and the remainder had formal training in social services areas.

The training of 57% of the MHW-experimental group included

preservice on topics such as how to provide parent training, orientation of staff and parents to the CFMH program, how to deal with the Head Start administration, consultation with parents and staff, and home visits. For three, out of the four MHW providers, who received preservice training, it was conducted by the mental health supervisor. In the other case, a former mental health worker provided training. Throughout the year, the MHW-experimentals met an average of 2.3 times per month with the mental health supervisor which 86% of the providers stated was "about right." On a four-point scale ranging from "very useful" to "not at all useful," two-thirds of the MHW-experimentals rated the supervision provided by the mental health supervisor as "very useful," while one-third rated the supervision as "not very useful." Suggestions for making the training more useful centered around the need for more communication, explanations and advice, more support and involvement in specific activities and the need for more training coverage of specific topics, such as coping skills for parents.

Selection and qualifications for the mental health consultant and mental health worker. The selection of the mental health consultant in the community resource programs was primarily (CR-E = 75%; CR-C = 50%) a joint decision made by both Head Start personnel and the mental health facility with the final decision resting in some cases with Head Start (CR-E = 50%; CR-C = 33%) and in others with either the mental health facility (CR-C = 66%) or with both the facility and Head Start (CR-E = 50%). The remaining consultants were selected by either the mental health facility (CR-E =25%; CR-C = 33%) or by Head Start personnel (CR-C = 17%). The selection of the mental health supervisor in the MHW-experimental program rested with the Head Start director, while MHW-control consultants were selected by either Head Start personnel (33%), the mental health facility (33%), or by joint procedure (33%). In one-third of the MHW-experimental programs, the mental health supervisor participated in

selecting the mental health worker, while the mental health coordinator had either primary or some responsibility for selection in 63% of the programs. Other personnel involved in the selection of the mental health worker were not ascertained.

All programs were asked to identify the three most important qualifications for a mental health consultant or mental health supervisor. Presumably, these criteria reflect those used in selecting the consultant when the programs had a choice. Again, the emphasis across the models was slightly different (Appendix A: Tables 6 & 7). Community resource-experimental programs relied primarily on the consultant's experience with and sensitivity to the target population (33%), while their controls were just as apt to look at the consultant's background in child development and psychology (26%). Background in child development and psychology (18%) was named as one of the highest criteria for selecting the mental health supervisor among MHW-experimentals. Training in human relations or communication skills (18%) was also a desirable asset for those programs. The MHW-controls were most interested in the consultant's background in child development and psychology (22%), followed by ability or interest in working with children and families (13%), human relations skills (13%), and prior experience with preschool children (13%).

A slightly different set of characteristics was emphasized in qualifications for selecting a mental health worker, but programs still relied heavily on some of the same attributes as well. Primary emphasis was placed on the mental health of the worker (by 67% of programs) including a positive self concept and personal satisfaction. Two-thirds of the programs stressed creativity and intellectual aptitude, as well. Other strongly (50%) desirable qualities included experience with or sensitivity to the target population, background in child development and psychology, human relations skills, and personal flexibility.

It appears that for both experimental programs, the providers' experience with and sensitivity to the population they serve are more important or as important as their knowledge of child development and psychology. Controls, on the other hand, place less emphasis on past experience with the target population and more on knowledge in the area of psychology. Experimental programs also had more authority to select their providers which could have resulted from increased funds. It may be that the increased opportunity to select a provider allowed experimental programs the flexibility to weight qualifications relative to their population.

Relationship with community agencies. Responses to the inquiry regarding the agencies with which the programs had established working relationships indicated that: (1) all programs (experimental and control) had established linkages with community agencies; (2) each program had an average of approximately six such linkages; (3) the greatest number of programs developed relationships with mental health agencies and family service agencies followed by hospitals or health clinics, schools, and community action agencies; and (4) the experimental programs named linkages with more different types of agencies than their corresponding controls. For example, the CR-experimental group reported 10 types of agencies while their controls reported 8. Similarly, the MHW-experimentals reported 11 types of agencies and the MHW-controls reported 8 (Appendix A: Table 16). Community resource-experimentals also established linkages with a greater number of agencies ($\bar{X} = 7.0$) than their controls ($\bar{X} = 4.42$), while the MHW model did not show differences ($\bar{X} = 7.3$).

The agencies named as mental health agencies included agencies such as child guidance clinics, diagnostic centers, parent counseling, and community mental health centers. Agencies such as

child abuse and neglect facilities, welfare, family service assistance, teenage-parent programs and women's shelter, represent some of those named as family service agencies. Community action agencies included neighborhood centers, churches, the YWCA; community resource agencies and Red Cross.

The types of linkages varied among programs depending on the needs of the program. Generally, there are two types of linkages which Head Start establishes: one with agencies, individuals, or organization that provide services directly to Head Start children or families; and another with agencies, individuals or organizations that have services available to the public in general and to whom Head Start children or families can be referred. Direct services can be paid for out of Head Start funds, paid for and reimbursed by federal or state funds such as the Child Health and Disabilities Prevention funds (similar to medicaid) or obtained as an in-kind contribution. Programs reported use of many mental health agencies as resources for consultants contracted to provide counseling, parent and staff training. These services could often be obtained at a reduced cost. Diagnostic centers provided screening and diagnostics as direct services or in a referral capacity. Mental health facilities were also used in evaluation, planning interventions, follow-up, and treatment of children and families. In some cases, such as community mental health centers, these services could be obtained as in-kind services. Information sharing and provision of written materials represent other mental health agency functions. Family service agencies were most likely to be used as referral sources for families in need of welfare, food stamps, or shelter. However, in some instances, they provided training on parenting skills. One example is a child abuse agency which provided training in child abuse prevention and survival skills. Another child abuse agency exchanged training, shared materials, and participated in an interdisciplinary team with Head Start personnel. Parent training is one service

likely to be paid for by in-kind reimbursement. For the most part, hospitals and health clinics provided direct services to Head Start children. However, the Department of Public Health also participated in parent meetings and shared materials with one local Head Start program. Schools often leased or donated space, participated in parents training, and in the case of universities, sent student volunteers. Linkages with community action agencies varied considerably. In one instance, the optomist club provided vision and hearing screening for Head Start. Emergency services such as food, utility funds, clothing and medicine could be obtained from neighborhood centers or the Salvation Army. Other agencies, such as one local United Way, participated in parents' training. Churches provide a variety of services including counseling and programs for alcoholics.

Program activities. The Head Start mental health program in general and the CFMH program in particular uses mental health consultants as an integral part of their program activities. The CR-experimental programs contract with more outside consultants ($\bar{X}$ = 2.75) than their controls ($\bar{X}$ = 1.83) or the MHW-control programs ($\bar{X}$ = 2.14). The MHW-experimental group is not comparable as it uses the mental health worker, a staff person, as key to its mental health activities. It follows that the CR-experimental consultants worked more hours than consultants at the control sites. The mean number of hours worked per month by consultants were 27.80, 25.83, and 20.04 for CR-experimentals, CR-controls, and MHW-controls, respectively. Interestingly, the majority of consultants in both control groups felt that the number of consultant hours they provided was inadequate (CR-control = 69%; MHW-control =60%). By contrast, only 48% of the CR-experimentals considered the number as inadequate. Fifty-two percent of the CR-experimental consultants felt that their consultant hours were "about right."

Reasons expressed for why consultants felt the hours they

were providing were inadequate included such responses as: inadequate for the number of centers or classroom for which they were responsible; does not give them enough time to work with or visit parents; need of more parent or staff training; need of more planning and coordinating time with staff; and not enough time to provide all the mental health services needed by the program such as "intense diagnostics, planning, and individual counseling."

When program size, number of classrooms, and total hours worked by consultants per program were compared, no clear relationship emerged. While some large CR-experimental programs, with many classrooms, contracted many consultant hours, others did not. Similarly, there were smaller programs with few classrooms which both contracted many and few consultant hours. However, with one exception, the CR-experimental programs met the CFMH guidelines suggested consultation time per 100 children. The exception was a program serving 155 children which employed consultants for a total of 25.5 hours per month instead of the suggested 28 hours. In contrast, three CR-control programs fell well below the CFMH recommendations. It would appear that factors beyond program size are determinants in allocating consultant time. Consideration might also be given to geographical distribution of the centers, number of severe problems encountered per program, and other mental health resources in the area which provide services.

Experimental-control differences are reflected in the types of mental health activities in which the consultants engaged. For the most part, these represent services specified by agreement. The percentage of consultants providing psychological testing services were 1.7% for MHW-experimentals and 2.3% for CR-experimentals. Percentages for the control groups were 9.8% and 6.9% for CR-controls and MHW-controls, respectively. On the other hand, the experimental groups showed a greater emphasis than the controls on counseling

parents, training parents, and classroom observations - activities encouraged under CFMH guidelines. There were no discernible differences in groups on inservice staff training and consultation to teachers (Appendix A: Tables 59 & 60). There were few differences in the range of services provided by experimental and control consultants.

Preservice staff training. The purpose of preservice training for most of the Head Start experimental programs was an orientation to the CFMH Project (44%), while the CR-controls used preservice to introduce the mental health services (46%), and the MHW-controls educated and taught skills (50%). However, Appendix A: Table 28 reveals that while these may have been the predominant purposes of preservice training, for most experimental and control programs preservice training was part of a broader training (70%) and not strictly a CFMH or mental health activity (28%). The CR-controls used it as a broader training in 83% of the programs, while the CR-experimental programs were evenly divided (50%), indicating a greater emphasis on mental health. In the MHW model, controls used preservice as a broader training in 80% of the programs and the experimentals in only 67% of the programs. Broader training included activities such as orientation to component areas other than mental health, i.e., health, nutrition, special needs/handicaps, education, and social services. Also included were classroom skills for teacher, planning activities, administrative issues, referral sources for a variety of needs, cultural considerations in the classroom, and stimulating parent involvement in the program.

The purpose of preservice training served to allow planning for the coming year (17%) and training on skills or education (17%). Experimental programs relied more on preservice training for planning coming activities (24%) than for training on skills or education (9%), while controls showed the opposite trend. Controls used pre-

service training for training in skills or education (28%), while planning was less of a priority (8%). The skills and areas of education are detailed under the topics presented.

In the greatest proportion of programs, the mental health coordinators decided topics for preservice training (24%), followed by mental health providers (20%), and Head Start directors (16%), or other component coordinators (16%). This general pattern is reflected in both experimental and control groups, but some differences occurred as well. Both CR and MHW experimental groups were more apt to use mental health providers, followed by mental health coordinators or component coordinators (Appendix A: Table 28). They also relied somewhat on staff needs assessment or staff input. Community resource-controls, on the other hand, relied most on mental health coordinators, and MHW-controls on staff needs assessment (Appendix A: Table 28). The greatest difference between programs was the use of component coordinators including the mental health coordinator in control programs, while experimentals relied on mental health professionals or staff including the mental health coordinators. All models, but the CR-controls, used staff needs assessments or staff imput to insure that staff needs were represented in topic selection. However, greater reliance was placed on the experience and observations of the staff members' key in the decision. In one MHW-experimental program, a staff needs checklist was composed by the Head Start directors based on observations of staff deficits. The staff responses represented the final topics selected.

Generally, the Head Start programs had the same people who selected topics conduct the preservice training (Appendix A: Table 24). Twenty-eight percent of the programs used the mental health coordinators, 24% used the mental health providers, and 26% used other component coordinators. The above conclusion is further verified if the group percentages are examined. Both CR and MHW experimental

programs relied predominantly on mental health coordinators and providers, while their control groups used other component coordinators and providers.

Six topics account for over 60% of the topics discussed at preservice training (Appendix A: Table 27). These are orientation to CFMH or mental health services (15%), topics specific to skill building (13%), child development issues (11%), parent involvement (9%), health topics (8%), and administrative or management issues (8%). A mean of 4.724 topics were given per respondent (Appendix A: Table 26). These general topics are further defined by topics such as communication skills, self-control methods, psychological testing, discipline methods, and Ebonics (language of black people) under skill building. Child development topics include socio-emotional development of children, learning disabilities, child abuse, and behavior problems. Defining parents' needs, stimulating parent involvement and making home visits are some of the topics represented by parent involvement, while health topics include orientation to the component area, dental concerns, and nutrition subjects as well. Administrative issues revolve around supervision and management of the program including forms staff will need to fill out.

Topics emphasized differed for the groups. The selection of topics on child development and health was primarily found at both CR and MHW control sites, while CFMH or mental health orientation and parent involvement topics were primarily topics at the CR and MHW-experimental sites. The CR-experimentals also listed more skill-building topics than their controls. Mean frequencies of these topics (Appendix A: Table 26) showed the same pattern, with both experimental groups naming orientation to CFMH or mental health and parent involvement almost twice as often as controls, and the CR-experimental group presenting skill-building six times as often.

Both control groups named child development and health topics about twice as often as the experimentals. While the emphasis in the two programs is clearly different, experimental programs are also offering preservice training on more topics ($\overline{CR\text{-}E}$ = 4.28; $\overline{CR\text{-}C}$ = 3.43; $\overline{MHW\text{-}E}$ = 6.43; $\overline{MHW\text{-}C}$ = 4.71), and MHW-experimentals are covering a greater range of topics (MHW-E = 18; MHW-C = 14) as well. Community resource-experimental preservice training can be characterized as orientation to CFMH and intense skill building, while MHW-experimental preservice provides CFMH orientation and a broad range of topics. Controls offer less topics, a narrower range of topics (MHW-C) and focus on child development and health areas.

Both the CR and MHW experimental programs had slightly longer preservice training sessions than controls (Appendix A: Table 25, E), but controls, particularly the MHW-controls, had a greater number of sessions (Appendix A: Table 25, D). The overall means for all programs were an average of 2.26 sessions of approximately 3 hours in length.

Inservice staff training. The purpose of inservice training for the majority of respondents (54%) was training staff in skills or educating staff. If the model percentages are examined, it can be shown that two groups accounted for this high percentage. Seventy-five percent of the respondents in MHW-experimental programs gave staff training as the purpose as did 75% in the CR-controls. In the CR-experimental model, only 40% of the respondents gave staff training as the purpose, while 20% said their major purpose was providing educational resources and staff stimulation. Mental health worker-controls responded with staff training in 40% of their responses and 13% were either orientation to mental health services, introduce mental health staff, or discussion of classroom situation. In most of the programs, inservice training was designed as broad training ($\bar{X}f$ = .55, Appendix A: Table 29, B), rather than a specific mental

health activity. Examination of group means reveals this was marked in CR and MHW experimentals ($\overline{E}$ = .63) but reversed in CR-controls ($\overline{CR\text{-}C}$ = .38). Mental health worker-controls used inservice as part of broader training in a slight majority of programs ($\overline{MHW\text{-}C}$ = .57). Therefore, only the CR-controls defined inservice training as a mental health activity. Other programs sought to cover topics beyond mental health during training.

Thirty-four percent of the programs had the mental health providers or mental health workers conduct the training sessions while another 15% used the mental health coordinators. Component coordinators were also used by as many as 24% of the programs (Appendix A: Table 31, C; this figure is summed across component coordinators). The MHW-experimentals used component coordinators (41%), while their controls did not. However, in the CR model, the reverse is obtained. Inservice training was conducted by control component coordinators (.34%) but not by experimental coordinators.

As in preservice training, topics were decided by an assessment of staff needs and by the person who was to conduct training. Twenty-three percent of the programs had the mental health coordinators select the topics, while 17% used the mental health providers (which includes the mental health workers) to decide on topics. However, topics were primarily selected by a staff needs assessment in the CR-experimental programs (30%) but not in their controls (8%, Appendix A: Table 35, H). One example is a CR-experimental program in which the coordinator solicited topic requests from the staff before formulating training topics. The MHW-experimentals were anomalous, in that they relied on the Head Start directors (25%), while control inservice training was decided by providers (36%), or by staff needs assessment (27%). Both experimental groups also relied on component coordinators while their controls used them infrequently or not at all.

Both the CR- and MHW-experimental programs gave more training sessions ($\overline{E}$ = 4.78; $\overline{C}$ = 3.33, Appendix A: Table 32, E) than their controls. However, MHW-controls gave longer training sessions ($\overline{MHW\text{-}C}$ = 3.57) than the experimental program ($\overline{MHW\text{-}E}$ = 3.0). The CR-experimentals gave longer sessions ($\overline{CR\text{-}E}$ = 2.88) than their controls ($\overline{CR\text{-}C}$ = 2.19; Appendix A: Table 35, F). The overall program averages were to give four sessions, each approximately 3 hours in length.

Programs named an average of 4.40 topics per respondent for those covered in inservice training (Appendix A: Table 33). Mental health worker-controls gave one more topic on the average than MHW-experimentals ($\overline{MHW\text{-}C}$ = 5.57; $\overline{MHW\text{-}E}$ = 4.43). Community resource programs showed the opposite trend with a larger difference favoring the experimental programs ($\overline{CR\text{-}E}$ = 5.0; $\overline{CR\text{-}C}$ = 2.75). Almost every program covered the three broad areas of child development ($\overline{X}f$ = 1.53), adult skill-building techniques ($\overline{X}f$ = 1.53), and techniques used with children ($\overline{X}f$ = .90). Within the child development topics, health, nutrition, and safety of children had the greatest representation with 13% of the programs presenting that topic (Appendix A: Table 34). Another major topic under child development was the social-emotional development of children (11%). If the MHW models are compared, MHW-experimentals named this topic an average of .43 times, whereas controls only named it .14 times. The means for the CR models do not differ. The differences in health topics favor the controls, with 18% of the control respondents naming that topic and only 9% of the experimentals. This difference is attributable to one group--the MHW-control model--in which every program presented that topic at least once ($\overline{X}f$ = 1.29). This compares with a mean of .43 for MHW-experimentals. The CR training was more oriented toward health topics at experimental sites ($\overline{CR\text{-}E}$ = .38) than at control sites ($\overline{CR\text{-}C}$ = .25). Community resource-experimentals were also the only sites which presented topics focused on

the development of children's imagination and curiosity ($\overline{CR\text{-}E}$ = .88).

Within adult skill-building techniques, inservice training was focused on personal awareness and stress management techniques (10%), and on techniques related to working with parents (8%). Six percent of the topics centered on communication or relational skills as well. When group means are examined, it can be shown that for all three of these topics, both experimental sites provided more training than their controls. The CR-experimentals trained the most on personal awareness and stress management ($\overline{CR\text{-}E}$ = .63; $\overline{CR\text{-}C}$ = .38), and the MHW-controls the least ($\overline{MHW\text{-}E}$ = .43; $\overline{MHW\text{-}C}$ = .29). Techniques to work with parents such as counseling, home visits, and parents as volunteers were presented almost twice as often at the CR and MHW experimental sites than at their controls with the MHW-experimentals providing the most training on these topics ($\overline{MHW\text{-}E}$ = .57) and the MHW-controls the least ($\overline{MHW\text{-}C}$ = .14). Mental health worker-experimentals also provided the only intense training on community resources for families ($\overline{MHW\text{-}E}$ = .71; $\overline{MHW\text{-}C}$ = .14). Communication and relational skills (listening, working together effectively) were only given in the two CR models. Community resource-experimental programs presented it .88 on the average, while CR-controls hardly presented it at all ($\overline{CR\text{-}C}$ = .13).

Techniques which staff could use with children were predominantly centered on training in child management techniques (11%) such as redirecting behavior, time-out and managing behavior problems. This occurred at 11% of the experimental sites as compared with 10% of the control sites. The most training in this area went on in the CR-experimental programs ($\overline{CR\text{-}E}$ = .63), while the least occurred at their control sites ($\overline{CR\text{-}C}$ = .25).

Another area of focus for preservice training was in topics which presented an overview of the CFMH Project, the mental health

services, or mental health ($\bar{X}f$ = 30). This represents 7% of the training. However, if the model means are examined, it can be seen that only the MHW-experimentals differed slightly from their controls. The MHW-experimentals gave this topic .43 on the average, while MHW-controls gave it .57 on the average.

In summary, the content of staff training was most likely to be determined by the coordinators and providers involved in conducting the training and by an assessment of staff needs at all but the CR-control sites. The MHW-experimentals did not follow this pattern for inservice training. The directors of those programs were responsible for topic selection even though component coordinators conducted inservice training. Community resource-experimental programs had the most intense in-service training providing a greater number of sessions, longer sessions, and offering many topics. Their emphasis at both pre-service and inservice training was on skill building, particularly techniques which improved communication skills and personal awareness of teachers and which focused on child management. Their in-service training also emphasized children's imagination and curiosity as well as their socio-emotional development. The MHW-experimental offered preservice training on the greatest range of topics. Their main focus during inservice was on working with parents and the resources available for families in the community. Control programs from the CR-model offered fewer staff training topics than other programs and focused on child development issues rather than staff skill building. The MHW-controls offered the greatest number of inservice training topics. However, the topics selected were predominately on health, nutrition, and safety of children. Preservice at those sites offered a more limited number of topics but focused on child development issues and skill building as well as health.

Parents' meetings. The purpose of parents' meetings prior to the Fall of 1980, had been focused on planning activities for the

coming year (18%) (Appendix A: Table 43). Training and education (see topics) of parents were emphasized almost as much (17%) as was allowing parents to use the meetings as a forum for discussing their own personal issues (16%) and as was a place to get center business accomplished (14%). While the experimental and control groups generally followed this pattern, their emphasis was different. The MHW-experimental programs emphasized planning activities for the year and business and the CR-experimentals used meetings as a forum for parents followed by planning. The MHW-controls saw the meetings as a place to train and educate parents, while the CR-controls discussed business, the mental health services or staff and future activities. Ideally, parents' meetings should be seperated from parents' training. However, it is clearest in MHW-controls that overlap with parents' education and training programs occurs. For some sites, both functions take place at the same meeting, differentiated as an initial business or planning session (parents' meeting) followed by training.

The greatest proportion of parents' meetings were conducted by the mental health professional/worker (25%), followed by component coordinators (16%), and by the heads of the Parents' Policy Council (14%). Mental health coordinators also conducted these meetings (12%). When programs are compared (Appendix A: Tables 44 & 45), it can be seen that at the CR and MHW experimental sites, the mental health professionals and workers had the major responsibility followed by the head of the Parents' Councils. The CR-controls sites, on the other hand, relied more heavily on component people and mental health coordinators, and the MHW-controls on outside speakers or organizations, mental health professionals, and the mental health coordinators.

Attendance at the parents' meetings varied little across the four groups. Looking at Appendix A: Table 45, C, it can be

seen that 52% of the sites had attendance below 25%. Thirty-four percent of the programs had attendance between 26 to 50 percent. Only a small proportion (13%) reported attendance above that. This pattern was similar in all groups, although CR and MHW-experimental programs reported slightly higher percentages of attendance than their controls.

Respondents from the programs named an average of 4.82 training topics with both experimental groups naming more than their respective controls (Appendix A: Table 46). The fewest responses were elicited from CR-controls ($\overline{CR\text{-}C}$ = 3.17). Child development issues were the biggest topic of discussion at these meetings ($\bar{X}f$ = .68) as were parenting techniques ($\bar{X}f$ = .54), and physical health and safety ($\bar{X}f$ = .54). Child development issues included children's fears, understanding social relations, children's play, and general child development. Another frequent topic was the CFMH Project, mental health services availabe through Head Start, general mental health, and mental health staff available to parents ($\bar{X}f$ = .36). The controls distributed their emphasis across more topics while experimentals concentrated on two topics (Appendix A: Table 46). Most of the CR and MHW experimental programs emphasized child development issues ($\overline{CR\text{-}E}$ = .63; $\overline{MHW\text{-}E}$ = 1.14) and parenting techniques ($\overline{CR\text{-}E}$ = .75; $\overline{MHW\text{-}E}$ = .71) more than their controls. Parenting techniques included basic parenting skills and problems of single parenting. The focus of the MHW-control programs was on health, safety, and nutrition. Every program in this group discussed at least one topic in this area ($\overline{MHW\text{-}C}$ = 1.29). The MHW-controls also placed emphasis on child development ($\overline{MHW\text{-}C}$ = .43) and on the Head Start components ($\overline{MHW\text{-}C}$ = .71), while the CR-controls discussed family problems ($\overline{CR\text{-}C}$ = .5), business ($\overline{CR\text{-}C}$ = .5), and the mental health services ($\overline{CR\text{-}C}$ = .5). Family problems focused on issues such as child abuse, family planning, and sibling rivalry while business topics were those germane to center maintenance, elections, budgets, etc.

The generally greater number of topics given by the experimental respondents in both groups and the wider range of topics indicates that wider issues were being confronted more frequently at experimental sites than at controls. These sites were also more focused on mental health and child development issues than controls.

Parental training. Programs defined the goals of parent training as education in child development, particularly child rearing alternatives ($\bar{X}f = .52$) and providing parents with socio-emotional skills such as coping skills, parenting, and self awareness methods ($\bar{X}f = .48$). Other salient goals were to help parents understand and solve problems ($\bar{X}f = .28$), to improve family life by building positive relations with the entire family ($\bar{X}f = .28$), to create a support group ($\bar{X}f = .24$), and as a place where parents and staff could share information ($\bar{X}f = .24$). Appendix A: Table 49 shows that experimental and control groups differed in the goals they set for parent training. Both experimentals saw providing parents with socio-emotional skills as a most important goal, whereas their controls named education in child development as a priority goal as well as helping parents with problems. The CR-control group also placed an emphasis on improving family life but little on socio-emotional skills. Beyond socio-emotional skills and education in child development, the MHW-controls gave information sharing and making parents aware of community resources as priority goals. Most experimental programs (72%) saw parent training as a CFMH activity while the majority of controls thought of it as training in a larger area than just mental health (55%) (Appendix A: Table 50, B).

On the average, programs had four parent training sessions per school year. Slightly more were held in both experimental programs than in their control programs (Appendix A: Table 50, D). For the most part, these sessions were conducted by the mental health professionals or workers (38% combined) followed by the mental health

coordinator (17%) or the other component coordinators (17%). This was true at both experimental and control sites, although more people were involved in conducting the MHW-experimental parents' training ($\overline{MHW\text{-}E}$ = 3.17) than at any of the other sites.

On the whole, topics at training were broadly distributed with the most frequent topics being specific child development issues (e.g., bedwetting, sibling rivalry, special needs children, atypical behaviors, etc.) and child management, including discipline alternatives (Appendix A: Table 53). Both occurred with a mean frequency of .58. Following those were general child development education on growth, speech development and drawing development ($\overline{X}f$ = .50), individual adult problems including grief, fear, trust, stress, etc. ($\overline{X}f$ = .46), and physical health, safety, and nutrition ($\overline{X}f$ = .42). Other topics included parenting techniques ($\overline{X}f$ = .31), parenting education ($\overline{X}f$ = .27), and understanding oneself and others ($\overline{X}f$ = .27). Parenting techniques are represented by communication skills with child, bug-in-the-ear, teaching good habits at home, and using positive words with children. Parent education was in the area of parent skills, parents' rights, etc., without mention of specific techniques. Understanding self and others were topics related to acceptance of feelings and expression of feelings in relation to others. On the average, 5.04 topics were named per respondent.

Experimentals named approximately the same number of topics as their respective controls; however, they focused on different topics. Individual adult problems ($\overline{X}f$ = .63), child management ($\overline{X}f$ = .63), and understanding oneself and others ($\overline{X}f$ = .75) were more frequent topics in the CR-experimental programs. Their controls favored individual adult problems ($\overline{X}f$ = 1.0) and specific child development issues ($\overline{X}f$ = 1.0). The MHW-experimentals focused on general child development ($\overline{X}f$ = .5), parent education ($\overline{X}f$ = .5), child management ($\overline{X}f$ = .5), and social events or craft projects ($\overline{X}f$ = .5). Their controls

focused on physical health ($\bar{X}f = 1.33$), followed by child management ($\bar{X}f = .67$) and specific child development issues ($\bar{X}f = .67$). The differences between the experimentals and controls were mainly centered around the higher priority of specific child development issues and health topics in controls, and greater focus on adult socio-emotional issues in experimentals. This is consistent with the findings for staff training and bears out the results that the same people, providers and coordinators, were conducting both staff and parent training.

Activities used to develop positive attitudes toward mental health. Coordinators from all four models were asked to name specific activities used to develop positive attitudes toward mental health services among staff (Appendix A: Table 20). The mean number of activities named per program was 3.37 with CR-experimental programs naming more activities (3.63) than their controls (2.29). The reverse was obtained for the MHW model ($\overline{MHW\text{-}C} = 4.60$; $\overline{MHW\text{-}E} = 3.29$). The mean number of activities named per respondent (some programs had more than one coordinators) reflects some of the same patterns, but there are no differences within the MHW model.

In the MHW model, experimental respondents gave a greater overall range of responses to this question than controls ($\overline{MHW\text{-}E} = 10$; $\overline{MHW\text{-}C} = 8$). The CR model did not show differences in the range of strategies used (.119%). However, experimentals in both models answered a greater range of responses with a higher frequency while controls concentrated a high proportion of their responses in one category (Appendix A: Table 21). Both experimentals and controls (30%) named staff training as the key activity through which positive attitudes were developed. However, in both control groups, this represented the only major activity employed (44%) with a high frequency, where as the two experimental programs named staff meetings with mental health personnel (14%), consultations/

personal interactions with mental health providers (14%), and specific techniques (14%) almost as much as staff training (19%). Specific techniques referred to specifically named techniques such as bug-in-the-ear, Bowdoin method, Fat Albert series, time-out, stress calender, etc.

The mental health providers also responded with activities used to develop positive attitudes towards mental health in Head Start staff. Overall, the models responded with a mean of 2.63 activities or strategies (Appendix A: Table 57). Within the CR model, the experimentals gave less responses ($\bar{X}f = 2.52$) than their controls ($\bar{X}f = 3.33$). This same pattern held for the MHW model. The experimentals gave a mean of ($\bar{X}f = 2.17$) activities while in controls the mean number of activities was higher ($\bar{X}f = 2.45$).

The foremost activity employed by all groups was staff training (26%) (Appendix A: Table 58). Other major strategies used included the provider building good rapport with staff (10%), consultation/personal interaction with providers (13%), general approaches (12%), specific techniques (9%), and informing staff (6%). In this instance, general approaches included such responses as using alternative terminology to explain mental health concepts , providing positive mental health services to staff which carry over to parents, demystification of mental health stereotypes, and identifying problem behaviors. The category, specific techniques, includes such things as effective communication workshop, problem-solving, skills training, human development workshop, and staffing for special children and families. The category "informing staff" contains responses such as orienting and referring staff to local resources and information on the meaning of mental health. The CR-experimentals showed the widest range of strategies employed (12), followed by the CR-control groups (9), the MHW-controls (7), and MHW-experimentals (6).

Within the CR model, the experimentals placed 19% of their emphasis on staff training, 17% on building rapport with staff, and 13% on specific techniques (Appendix A: Table 58). The CR-control group placed 26% emphasis on staff training, 26% on consultation/ personal interaction with providers, 10% on general approaches, 10% on informing staff, and an additional 10% on rapport building. Within the MHW model, 46% of the experimentals' emphasis was on staff training and 23% on consultation/personal interaction. The MHW-controls placed 32% of their emphasis on staff training, 29% on general approaches, and 18% on informing staff.

The point should be made that many of the responses within the categories "specific techniques" and, to a lesser degree, "informing staff" could be considered variations on the theme of staff training. Collapsing these categories would show that training in the area of mental health is overwhelmingly the most popular strategy for developing positive attitudes.

On the whole, mental health coordinators named more activities used to develop positive attitudes toward mental health in parents (Program $\overline{X}$ = 3.96; Respondents $\overline{X}$ = 3.12) than they had for staff. This higher rate of response held up across groups but the MHW-control program ($\overline{X}f$ = 5.4) named more activities used with parents than their experimentals ($\overline{X}f$ = 4.14) (Appendix A: Table 17). The reverse was obtained in the CR model ($\overline{CR\text{-}E}$ = 3.75; $\overline{CR\text{-}C}$ = 2.83). If the means for respondents are inspected, a different picture emerges. In this case, both experimental groups exceed controls ($\overline{CR\text{-}E}$ = 3.33; $\overline{CR\text{-}C}$ = 2.12; $\overline{MHW\text{-}E}$ = 3.62; $\overline{MHW\text{-}C}$ = 3.25). The discrepancy can best be explained by the fact that interviews from four coordinators were obtained from one MHW site. The activities named by the coordinators at that site did not overlap, therefore, the program mean for that group was inflated by a large number of

responses for that one program. The fact that this is the case can be validated by the MHW-control respondent mean (3.25), which only slightly exceeds the overall group respondent mean (3.12). Community resource-experimentals named the greatest range of activities employed (12) followed by the MHW-controls (11), the MHW-experimentals (9), and the CR-controls (8).

The distribution of responses across the categories is more similar for this question than for the parallel staff question (Appendix A: Table 18). Only one category, "family social events" goes unnamed by both controls. However, experimentals named more activities with greater frequency (Appendix A: Table 17) than controls as they had for the staff question, and controls concentrate their responses across fewer categories. All groups named parent education or training (workshops, parent classes) as the major method used to develop positive mental health attitudes. However, Table 18 (Appendix A) reveals that for both control groups (30%), this method represents a greater proportion of the total than for their respective experimental groups (24%). The MHW-experimentals also named general approaches (28%) followed by parents' groups/meetings (21%). General approaches in this instance includes providing a mentally healthy environment for children, encouraging parents to feel good, to cope and a focus on the positive rather than negative. The MHW-control respondents named written materials/films/kits (22%) as the strategy most frequently employed after staff training. The CR-experimentals also focused on written materials (17%) and on family social events (17%), while their controls emphasized supportive consultations (24%) followed by parent involvement in decisions (18%). Parent involvement in decisions included involvement in the Policy Council, in topic selection, and in center decisions. Generally, the emphasis of experimental programs can be viewed as broader and more pervasive; general approaches, social events and parent meetings; while controls named

activities that were more focused and defined; written materials, consultations and involvement in decision-making.

Mental health providers were also asked what had been done in attempting to develop positive attitudes toward mental health services among Head Start parents. Overall, the models responded with a mean of 3.27 activities to this question (Appendix A: Table 55). Within the CR model, the controls gave more responses with a mean of 4.33, while the experimentals named an average of 3.61 ties. Similarly, within the MHW model, the control group mean was 3.4 and the experimental was lower at 1.91.

The primary strategies employed across all groups to develop positive attitudes in the parents were parent education or training (workshops, parent classes; 27%, (Appendix A: Table 56), followed by supportive consultations/personal interactions with the providers (15%), general approaches (13%), and finally, rapport building with the parents (10%). General approaches can be typified by communicating positive attitudes about mental health, stressing the importance of the home environment, identifying mental health with culture and demystifying mental health. Rapport building includes accessibility of staff to parents and an attempt to build a positive relationship between staff and parents.

The CR-experimentals exhibited the widest range of strategies (12) with the MHW-control group following (11). The CR-control (8) and the MHW-experimentals (5) utilized fewer kinds of activities. Withing the CR model, the experimentals placed 27% of their emphasis on parent training, 17% on rapport building, and 13% on an orientation to mental health. The CR-control groups' emphasis varied from the experimental groups, with 31% placed on supportive consultations/personal interactions, 19% on parent education/training, and 19% on general approaches. Within the MHW model, there was greater agree-

ment in ranking the strategies used. The MHW-experimental programs placed 33% of their emphasis on parent education/training, 24% on supportive consultations/personal interactions, and 24% on general approaches. The MHW-controls placed 27% of their emphasis on parent education-training, 18% on supportive consultation/ personal interactions, and 15% on general approaches. In summary, there appears to be less critical differences noted by providers in the way experimental and control programs approached parents' attitudes toward mental health than evident from coordinators observations. Mental health coordinators noted a more pervasive attempt at experimental programs to promote positive attitudes toward mental health while control coordinators' observations indicated fewer more defined strategies.

Procedures used to orient parents toward the CFMH Project. Procedures which were used to orient parents toward the CFMH Project or the mental health services were asked of only one of the two control groups, the MHW model, and both experimental groups. In general, the programs named an average of two-and-a-half procedures, while the respondents averaged two (Appendix A: Table 19). Thw MHW-experimental and control means differed. The control site had a respondent mean of 1.63 while the MHW-experimental averaged 2.63 responses per respondent. The program means also reflect this difference, but to a lesser degree. The difference in program and respondent means for the control group can best be explained by the large number of responses elicited at one site across the four coordinators interviewed. All programs employed the same range of procedures. Controls showed a more even distribution of responses across the categories, while both experimentals concentrated the greater portion of their responses across three categories (Appendix A: Table 19). The MHW-experimentals named parents' meeting as the procedure used with greatest frequency while controls named written materials/films (including reading parents performance standards).

The MHW-experimentals named a beginning of the year orientation meeting and written materials next while the controls named parents' meetings, an orientation meeting, home visits (by teachers, mental health coordinators, caseworkers), and parent involvement (while volunteering in classroom) with equal frequency. It would appear that while the experimental and control programs relied more heavily on slightly different procedures, they basically used the same group of procedures to orient parents toward the CFMH Project or the mental health services.

Programs' greatest assets. Directors were asked to name the greatest assets of their programs. While the four models showed their own individuality in naming these assets, the patterns for experimentals and controls showed only slight differences (Appendix A: Tables 8 & 9). The CR-experimentals named the availability of professional expertise (25%) as their greatest assets, while their controls said the ability to develop positive attitudes in children (27%). The MHW-controls emphasized their parent education program (24%) and the availability of services through their program (18%). The MHW-experimentals named the mental health worker (30%). It would seem that on the whole, experimentals consider their mental health staff to be their strongest asset, while controls stress the services they provide to the target population.

Advantages of models. Directors from experimental programs were asked to name the advantages of the particular model with which they had worked. Community resource directors cited working with professionals who had expertise to offer (38%) and the community

resources accessible (38%) to them as the two greatest advantages of their model (Appendix A: Table 10). Mental health directors stressed the lack of community resources in their regions (67%) and the fact that having a person on staff and available to provide services (67%) was a great advantage for them. One MHW-experimental director states "It's the only one that would work for us, because we don't have community mental health facilities." The director goes on to say that it's a better model because "it's built into the program, and the staff members do not have to get used to a different person every year....mental health professionals....sometimes those people are not available, sometimes if they are available you can't afford them." Mental health worker directors also mentioned that lack of funds for these kinds of services made their model the most "cost-effective." In areas where community resources are scarce the mental health worker model appears to function best. In urban areas, with a plethora of services and professionals, programs find they function well by drawing on those resources.

The mental health supervisor was asked about the advantages and disadvantages of using a paraprofessional. Most supervisors cited the paraprofessional's ability to work with the community from which they were indigenous (67%) and "cost-effectiveness" (50%) as the major advantages. Disadvantages centered around the paraprofessionals' lack of formal education or training (50%) and that fewer ties developed with community or educational resources (33%) as a result.

Analysis of Impact Data

A projected outcome of the analysis of the impact data was the increased specification of the evaluation hypothesis. The

global hypotheses which guided the early aspects of the evaluation were made more specific through the selection of dependent measures. The specificity of the hypotheses is further enhanced by the process of isolating specific scales from each measure and maximizing the reliability of each through item selection. This section describes the outcome of the procedures designed to construct scales, establish their reliability, and formulate the final set of measures.

Construction of scales. The Statistical Package for the Social Sciences (SPSS) was used to compute the frequencies and percentages of responses to the items on each of the five impact measures. The frequencies and percentages were aggregated for each of the four model x condition groups (MHW-E, MHW-C, CR-E, CR-C) as well as for the experimental and control groups collapsed across models. Thus, for each of the five instruments, five tables of frequencies and percentages were produced. In addition, five tables were produced to reflect the frequencies and percentages of the combined experimental and combined control groups. Inspection of these data revealed that the data were moderately to severely skewed. A condescriptive computer program was used to transform the raw data to z scores before computing the factor analysis preceding the final selection of items. The approach to developing scales from these data involved three sets of procedures: isolating factors, computing reliabilities, and item reduction. While these procedures are not independent of each other, they are reported separately here for descriptive purposes.

Isolating factors. While the factor structures of some of the impact measures were known, it was decided to empirically derive factors from the responses of the population of this evaluation. Toward this end, the Orthogonal Rotation Varimax Factor Analysis was used to isolate factors. Three separate sets of factor analyses were computed. The first set was designed to empirically

determine the factor structure of each impact instrument with no restrictions. This procedure yielded 9 factors for the Teacher Kohn, 14 for the Parent Kohn, 26 for the CIRCUS, 17 for the Parent Attitude Inquiry, and 10 for the High Scope Home Environment Scale. Each of the factors had a eigenvalue of at least 1.00.

The second set of factor analyses was designed to reduce the total number of factors; eliminate the factors on which the items loaded poorly; and to assess the effect of these changes on the subsequent number of factors, on the distribution of items within factors, and on their factor loadings. The reduction in the numbers of factors was affected by eliminating any factor from the first analysis on which the principal loading was less than .30. This procedure eliminated the factors with poor factor loadings as well as those factors with small numbers of items. With the weak factors and items eliminated, the second factor analysis restricted the total number of factors for each instrument. The restricted number of factors for each instrument was: Teacher Kohn (3), Parent Kohn (4), CIRCUS (8), Parent Attitude (9), High Scope (12).

The final set of factor analyses was run with the transformed z scores. The factors per instrument were restricted to the same number as in the second set of factor analyses. These factor analyses produced the items that constitute the final scale for each instrument. Tables 1 - 5 of Appendix B present the final factors isolated for each instrument as well as the amount of variance accounted for by each factor, the specific items in each factor, and their factor loadings.

Reliability. Cronbach's Alpha Reliability Coefficients were calculated for each factor isolated in final analysis. Tables 3-7 show the reliability of each factor for each of the five measures.

Table 3

Reliability Coefficients of Factors from
the Kohn Social Competence Scale for Teachers

Factor No.	Factor Name	Coefficient
Factor I	Anger-Defiance	0.937
Factor II	Competence	0.948
Factor III	Withdrawal-Apathy	0.911

Table 4

Reliability Coefficients of Factors from
the Kohn Social Competence Scale for Parents

Factor No.	Factor Name	Coefficient
Factor I	Anger-Defiance	0.783
Factor II	Competence	0.810
Factor III	Withdrawal-Apathy	0.741
Factor IV	Non-Compliance	0.742

Table 5

Reliability Coefficients of Factors from
the CIRCUS Educational Questionnaire for Teachers

Factor No.	Factor Name	Coefficient
Factor I	Language and Mathematical Perception	0.801
Factor II	Effective Techniques and Objectives of Child Development	0.890
Factor III	Educational Objectives	0.753
Factor IV	Educational Philosophy	0.727
Factor V	Effective Classroom Procedures	0.695
Factor VI	Pupil Control Techniques	0.592
Factor VII	Avoidance of the Child or of Sensitive Subject Content	-0.419

Table 6

Reliability Coefficients of Factors from the Parent Attitude Inquiry

Factor No.	Factor Name	Coefficient
Factor I	Early Maturity Demands	0.641
Factor II	Authoritarianism	0.600
Factor III	Values Conformity	0.727
Factor IV	Firm Enforcement	0.601
Factor V	Discourages Infantile Behavior	0.517
Factor VI	Promotes Non-Conformity	0.460
Factor VII	Impatient	0.511
Factor VIII	Childrearing Philosophy	0.405
Factor IX	Angered Over Lack of Control	0.550

Table 7

Reliability Coefficients of Factors from
the High Scope Home Environment Scale for Parents

Factor No.	Factor Name	Coefficient
Factor I	Reading	0.669
Factor II	Adult-Child Interaction	0.655
Factor III	Activities	0.570
Factor IV	Playthings	0.576
Factor V	Art Play	0.528
Factor VI	Household Tasks	0.482
Factor VII	Cognition	0.501
Factor VIII	Household Tasks (II)	0.442
Factor IX	Cognition (II)	0.464

The highest set of coefficients were those from the Teacher Kohn. These coefficients, ranging from .91 to .94 reflect a higher level of reliability than its comparison measure, the Parent Kohn. The reliability coefficients on the latter ranged from .74 to .81. The lowest set of factors was found on the Parent Attitude Inquiry (range: .40 to .72).

Item reduction. Items with factor loadings of less than .30 were deleted from the scale after the first factor analysis. An additional item reduction procedure was used as part of the reliability analysis of each scale. The effect of deleting each item on a variety of statistics (scale mean, variance, reliability coefficient, etc.) was assessed for each factor. In two cases, items were deleted because their deletion increased the reliability of the scale without significantly affecting the item-total correlation. Table 8 provides an example of the informational base upon which the decisions were made for the Competency Scale. In this example, there is no item, the deletion of which would yield a greater reliability coefficient.

Comparability of groups. A series of t-tests were computed to assess the comparability of the experimental and control groups. Three sets of t-tests were computed to assess the differences between the (1) MHW-experimental, MHW-control; (2) CR-experimental, and CR-control; (3) and the combined experimental and combined control groups. F-tests were used to determine if the pooled variance could be used in the computation of the t-tests. In all cases, pooled variances were used when F-tests results were not significant.

Mental health worker-control comparison. A total of 33 t-tests were computed to compare the MHW-experimental and MHW-control groups. Eight of the comparisons reached the level of significance

Table 8

Reliability Analysis for Competency Scale

ITEM-TOTAL STATISTICS	SCALE MEAN IF ITEM DELETED	SCALE VARIANCE IF ITEM DELETED	CORRECTED ITEM-TOTAL CORRELATION	SQUARED MULTIPLE CORRELATION	ALPHA IF ITEM DELETED
T34	62.92313	285.17138	0.74101	0.61449	0.94453
T12	63.41654	289.55457	0.62483	0.59389	0.94589
T53	63.00952	291.50980	0.62721	0.54584	0.94587
T23	63.37042	289.83045	0.60287	0.62808	0.94615
T16	62.38360	287.41318	0.64435	0.50734	0.94567
T20	62.51098	290.78633	0.66092	0.50511	0.94553
T6	62.82284	285.54222	0.64291	0.51695	0.94575
T10	62.18960	287.53838	0.70933	0.57205	0.94494
T25	62.98829	294.96836	0.46122	0.45213	0.94778
T1	62.44363	286.12979	0.67763	0.54103	0.94527
T45	62.75769	294.47677	0.56845	0.42042	0.94649
T29	62.76867	287.95524	0.64770	0.45052	0.94563
T48	61.96925	290.93092	0.62644	0.44175	0.94587
T63	62.87555	289.55666	0.62777	0.47761	0.94585
T19	62.28258	290.83731	0.63445	0.52597	0.94579
T60	62.26208	288.58767	0.72158	0.58453	0.94488
T51	62.41215	287.29301	0.73287	0.61810	0.94471
T40	62.89971	292.53426	0.56861	0.39666	0.94650
T37	62.32138	288.19628	0.67414	0.54621	0.94532
T4	62.46852	286.48802	0.68654	0.57176	0.94516
T9	62.66618	287.78445	0.64955	0.54204	0.94560
T32	62.99634	301.15823	0.34470	0.24843	0.94871
T57	62.21669	291.40942	0.63843	0.54900	0.94576
T38	62.09297	294.18402	0.58094	0.39877	0.94637
T46	62.05051	291.25239	0.58963	0.48605	0.94628
T27	62.17057	293.57601	0.55005	0.53481	0.94669

RELIABILITY COEFFICIENTS 26 ITEMS

ALPHA = 0.94787 STANDARDIZED ITEM ALPHA = 0.94788

of .05 or beyond. Three of the scales reflecting significant differences were from the High Scope, three were from the Parent Kohn, and one each from the Teacher Kohn and CIRCUS instruments. There were no significant differences between the groups on scales derived from the Parent Attitude Scale. Table 9 reflects that the control groups of PAS were rated higher on four of the nine scales and the experimental groups were rated higher on five scales. And two of these scales were those in which high scores reflected negative or undesirable behavior.

These data suggest that both parents and teachers of Head Start children in the experimental programs rated their children as significantly less competent than the teachers and parents of the control groups rated their children on the Kohn. Moreover, the parents rated their children significantly higher on the scales of anger-defiance and withdrawal-apathy than their controls.

The classroom environment differed slightly for the experimental and control groups according to teacher ratings on the CIRCUS Educational Environment instrument. The difference is reflected in the efficient classroom procedure scale in which the control groups scored significantly higher than their experimental groups. The remaining nine scales of the High Scope show the control groups scorcd significantly higher than the experimental groups on the nature of the child-adult interaction, the types of activities in which the child engages, and the types of functional lessons taught in the home.

Community resource: experimental vs. control. Table 10 presents the descriptive statistics and results of t-tests for the community resource-experimental groups and their controls. There was only one scale on which a significant difference was reached--competence on the Teacher Kohn. The teachers in the experimental programs rated their children as being more competent than the control teachers. While the comparison between the experimental

Table 9

Comparison of Means, Standard Deviation, and t-values: Mental Health Worker Model

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
Kohn Social Competence Scale: Teachers							
Anger-Defiance	55.03	19.97	56.66	20.31	542	-0.94	0.35
Competence	67.24	11.23	69.43	8.89	542	-2.53*	0.012
Withdrawal-Apathy	40.66	14.08	41.51	14.53	542	-0.69	0.49
Kohn Social Competence Scale: Parents							
Anger-Defiance	45.97	10.28	43.89	10.19	474	2.21*	0.03
Competence	54.61	8.72	56.81	7.15	474	-3.03**	0.003
Withdrawal-Apathy	18.32	7.95	16.18	7.51	474	2.99**	0.003
Non-Compliance	7.89	4.43	7.18	4.16	474	1.78	0.08
CIRCUS 17--Educational Environment Questionnaire							
Language and Mathematical Perception Skills	17.57	3.57	17.67	3.10	52	-0.11	0.91
Educational Objectives	31.47	3.33	32.71	2.60	52	-1.50	0.14
Educational Philosophy	23.37	5.03	24.71	3.61	52	-1.10	0.03
Efficient Classroom Procedures	21.00	5.61	24.08	3.67	50	-2.43*	0.02
Pupil Control Techniques	8.50	0.97	8.21	1.29	52	0.95	0.35
Avoidance of the Child or of Sensitive Subject Content	2.53	0.63	2.71	0.81	52	-0.90	0.37

*$p \leq .01$.
**$p \leq .05$.

Table 9 (Continued)

Comparison of Means, Standard Deviation, and t-values: Mental Health Worker Model

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
Parent Attitude Inquiry							
Early Maturity Demands	8.23	1.66	8.46	1.53	474	-1.59	0.11
Authoritarianism	16.79	2.17	16.61	2.14	474	0.91	0.37
Values Conformity	2.81	1.00	2.67	0.91	474	1.70	0.09
Firm Enforcement	8.31	1.42	8.35	1.48	474	-0.26	0.80
Discourages Infantile Behavior	12.35	1.84	12.25	1.89	474	0.54	0.59
Promotes Non-Conformity	13.57	1.22	13.63	1.20	474	-0.53	0.60
Impatient	9.93	1.60	9.80	1.52	474	0.89	0.38
Consistent, Articulated Childrearing Philosophy	8.76	1.39	8.70	1.56	474	0.43	0.66
Angered Over Lack of Control	3.17	0.85	3.26	0.83	474	-1.23	0.22
High Scope--Home Inventory Scale							
Reading	3.80	1.68	3.79	1.75	474	0.03	0.98
Adult-Child Interaction	13.03	3.04	13.63	3.10	474	-2.15*	0.03
Activities	5.10	1.72	5.50	1.77	474	-2.50*	0.013
Playthings	3.78	1.67	3.76	1.53	474	0.12	0.91
Artplay	3.33	1.60	3.50	1.67	474	-1.13	0.26
Household Tasks	3.22	1.52	3.37	1.40	474	-1.09	0.28

*$p \leq .05$.
**$p \leq .01$.

Table 9 (Continued)

Comparison of Means, Standard Deviation, and t-values: Mental Health Worker Model

Variable	Experimental		Contro		df	t	p
	Mean	S.D.	Mean	S.D.			
High Scope--Home Inventory Scale							
Cognition	2.29	0.89	2.37	0.83	474	-0.91	0.36
Household Tasks (II)	4.69	1.57	4.80	1.43	474	-0.84	0.40
Cognition (II)	3.26	0.99	3.61	0.71	461	-4.42**	0.00

**$p \leq .01$.

Table 10

Comparison of Means, Standard Deviation, and t-values: Community Resource Model

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
Kohn Social Competence Scale: Teachers							
Anger-Defiance	56.42	21.34	56.57	20.34	820	-0.10	0.92
Competence	68.80	10.39	66.50	12.27	759	2.88**	0.00
Withdrawal-Apathy	42.29	14.69	41.89	13.91	820	0.39	0.70
Kohn Social Competence Scale: Parents							
Anger-Defiance	46.08	11.00	45.54	11.45	649	0.62	0.53
Competence	56.84	8.41	56.26	7.22	644	0.94	0.35
Withdrawal-Apathy	16.64	8.03	16.61	7.20	648	0.06	0.96
Non-Compliance	7.90	4.44	7.76	4.84	649	0.39	0.69
CIRCUS 17--Educational Environment Questionnaire							
Language and Mathematical Perception Skills	17.74	3.60	16.84	3.27	79	1.18	0.24
Educational Objectives	32.23	3.24	31.18	4.01	79	1.30	0.20
Educational Philosophy	23.67	4.81	21.87	4.72	79	1.70	0.09
Efficient Classroom Procedures	23.23	3.63	22.08	4.89	79	1.21	0.23
Pupil Control Techniques	8.79	1.19	8.32	1.80	63	1.38	0.17
Avoidance of the Child or of Sensitive Subject Content	2.81	0.63	2.76	0.59	79	0.37	0.71

**$p \leq .01$.

Table 10 (continued)

Comparison of Means, Standard Deviation, and t-values: Community Resource Model

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
Parent Attitude Inquiry							
Early Maturity Demands	8.35	1.63	8.47	1.42	646	-0.94	0.35
Authoritarianism	16.33	2.62	16.43	2.38	649	-0.51	0.61
Values Conformity	2.66	0.90	2.64	0.91	649	0.27	0.78
Firm Enforcement	8.19	1.60	8.25	1.65	649	-0.46	0.65
Discourages Infantile Behavior	12.15	1.94	12.27	1.83	649	-0.84	0.40
Promotes Non-Conformity	13.63	1.40	13.78	1.02	612	-1.50	0.13
Impatient	9.73	1.65	9.70	1.61	649	0.24	0.81
Consistent, Articulated Childrearing Philosophy	8.54	1.59	8.59	1.59	649	-0.39	0.70
Angered Over Lack of Control	3.21	0.84	3.12	0.87	649	1.40	0.16
High Scope--Home Inventory Scale							
Reading	4.01	1.70	4.00	1.71	649	0.09	0.93
Adult-Child Interaction	14.10	2.96	13.71	3.03	649	1.67	0.10
Activities	5.46	1.75	5.38	1.66	649	0.55	0.58
Playthings	4.03	1.51	4.07	1.49	649	-0.37	0.71
Artplay	3.23	1.63	3.34	1.45	647	-0.84	0.40
Household Tasks	3.50	1.56	3.35	1.48	649	1.27	0.21

Table 10 (continued)

Comparison of Means, Standard Deviation, and t-values: Community Resource Model

Variable	Experimental		Control				
	Mean	S.D.	Mean	S.D.	df	t	p
High Scope--Home Inventory Scale							
Cognition	2.51	0.75	2.44	0.86	624	1.11	0.27
Household Tasks (II)	4.92	1.54	4.86	1.50	649	0.50	0.62
Cognition II	3.60	0.69	3.50	0.81	619	1.63	0.10

and control groups yielded a highly significant difference ($p<.01$), the remaining comparisons yielded t-values which did not approach significance.

Combined models. A third set of t-tests was computed to compare the experimental and control groups collapsed across models (Table 11). The results of the 31 t-tests yielded only one test which reached the level of significance. That test was on the Parent Kohn in which the parents of children in experimental programs rated their children significantly more withdrawn and apathetic than the parents of children from the control programs.

Table 11

Comparison of Means, Standard Deviation, and t-values: Combined Models

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
Kohn Social Competence Scale: Teachers							
Anger-Defiance	55.85	20.79	56.60	20.37	1364	-0.67	0.50
Competence	68.16	10.77	67.63	11.17	1364	0.89	0.37
Withdrawal-Apathy	41.62	14.46	41.75	14.14	1364	-0.16	0.87
Kohn Social Competence Scale: Parents							
Anger-Defiance	46.03	10.68	44.86	10.97	1125	1.81	0.07
Competence	55.87	8.61	56.48	7.19	1119	-1.31	0.19
Withdrawal-Apathy	17.37	8.03	16.44	7.33	1125	2.04*	0.04
Non-Compliance	7.90	4.43	7.52	4.58	1125	1.39	0.17
CIRCUS 17--Educational Environment Questionnaire							
Language and Mathematical Perception Skills	17.67	3.56	17.16	3.20	133	0.87	0.39
Educational Objectives	31.92	3.27	31.77	3.59	133	0.24	0.81
Educational Philosophy	23.55	4.87	22.97	4.51	133	0.71	0.48
Efficient Classroom Procedures	22.32	4.65	22.85	4.53	133	-0.68	0.50
Pupil Control Techniques	8.67	1.11	8.27	1.61	105	1.64	0.10
Avoidance of the Child or of Sensitive Subject Content	2.70	0.64	2.74	0.68	133	-0.38	0.70

*$p \leq .05$.

Table 11 (continued)

Comparison of Means, Standard Deviation, and t-values: Combined Models

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
Parent Attitude Inquiry							
Early Maturity Demands	8.30	1.64	8.47	1.47	1125	-1.79	0.07
Authoritarianism	16.53	2.45	16.50	2.29	1125	0.18	0.86
Values Conformity	2.73	0.94	2.65	0.90	1125	1.38	0.17
Firm Enforcement	8.25	1.52	8.29	1.56	1125	-0.49	0.62
Discourages Infantile Behavior	12.23	1.90	12.26	1.85	1125	-0.27	0.79
Promotes Non-Conformity	13.61	1.33	13.72	1.10	1118	-1.53	0.13
Impatient	9.82	1.63	9.74	1.57	1125	0.79	0.43
Consistent, Articulated Childrearing Philosophy	8.64	1.51	8.64	1.58	1125	0.00	1.00
Angered Over Lack of Control	3.19	0.84	3.18	0.86	1125	0.31	0.76
High Scope--Home Inventory Scale							
Reading	3.92	1.69	3.92	1.73	1125	0.03	0.97
Adult-Child Interaction	13.63	3.04	13.68	3.05	1125	-0.24	0.81
Activities	5.30	1.74	5.43	1.71	1125	-1.25	0.21
Playthings	3.92	1.58	3.94	1.51	1125	-0.27	0.79
Artplay	3.28	1.62	3.40	1.54	1125	-1.35	0.18
Household Tasks	3.38	1.55	3.35	1.44	1125	0.25	0.80

Table 11 (continued)

Comparison of Means, Standard Deviation, and t-values: Combined Models

Variable	Experimental		Control		df	t	p
	Mean	S.D.	Mean	S.D.			
High Scope--Home Inventory Scale							
Cognition	2.42	0.82	2.41	0.85	1125	0.13	0.90
Household Tasks (II)	4.82	1.55	4.84	1.47	1125	-0.21	0.84
Cognition (II)	3.45	0.85	3.55	0.77	1125	-1.93	0.05

Discussion

The Child and Family Mental Health Project may be viewed as a large social experiment in which selected Head Start programs were awarded funds to design and incorporate a preventive mental health program within an existing mental health program. The key evaluative question is "What do these programs do that is different from that which is done by a selected group of controls who were not awarded funds to expand their mental health programs?" This report of the Fall data analysis begins to provide preliminary answers to the key evaluative question and some of its derivatives.

It is clear that most programs have implemented their programs within the two program models and in doing so have established linkages with mental health and social service agencies. The mental health personnel are primarily used in primary prevention activities rather than secondary or treatment activities. Even so, there is evidence that an important spin-off of the use of training as a central approach to implementing primary preventive strategies is the creation of a support system useful to address the social and emotional issues that families currently experience. Thus, there appears to be a natural overlap between primary and secondary activities which does not threaten the basic primary preventive focus of the programs.

Process Component

The responses to the key evaluation question differ for each of the two preventive models. The MHW-E programs typically hired a person from their staff to serve as a mental health worker. In half the cases, the mental health worker was professional trained in the social sciences. The other half of the mental health workers

were paraprofessionals. In all cases, the mental health workers were trained by either psychologists, psychiatrists, or social workers in the areas of parenting techniques, individual adult problems, child management, understanding oneself and others, and typical child development issues. The training occurred in regularly-scheduled meetings with the mental health supervisors approximately two times per month.

In addition to the training provided by the mental health supervisors, mental health workers attended preservice and inservice training in which mental health topics were discussed as part of a larger agenda. In some cases, the mental health worker assumed some responsibility for inservice and preservice training. The preservice training typically included the CFMH program, parent involvement, child development, and skill-building as topics, however, a wide variety of topics from the other components of the Head Start program and administrative matters ranging from new forms to transportation were also discussed. The mental health workers were often used as resources in deciding on the topics to be discussed in preservice training.

The inservice training in MHW-E programs was heavily focused on training/education the staff. The role of the mental health worker was similar to that in preservice training including suggesting topics and taking responsibility for some of the training. Inservice training seemed to have emphasized skill-building techniques such as working with parents and resources for families. Child development issues, including social-emotional development, health, nutritional, and safety issues, were also emphasized.

The implementation of the CFMH program places a greater planning burden on Head Start programs. The MHW-E model involved the parents in the planning process. The mental health worker assumed the major responsibility of orienting parents to the CFMH program as

well as subsequent parent training sessions and parent meetings. In general, the addition of a mental health worker seems to allow programs to focus the responsibility for mental health activities on a single position. The qualifications of the person who is placed in the mental health worker's position is important, according to the mental health supervisors. Among the most important qualifications were reported as: (1) a positive self-concept and personal satisfaction; (2) a combination of abilities including an intellectual curiosity, ability to learn, creativity, and ability to make judgements; (3) flexibility; (4) experience with and sensitivity to target populations; (5) human relationship and communication skills. The mental health worker model offers the advantages of using personnel indigenous to the community and cost effectiveness. Major disadvantages centered around lack of education and the relative lack of ties with community and/or education resources. It appears that training was used to minimize the disadvantages; that MHW-E programs did implement that model; and that mental health providers were used primarily in the indirect service areas.

Unlike the MHW-E group, Head Start programs composing the CR-E group reached out to the available resource pools to contract with mental health professionals to aid in the implementation of their preventive programs. The consultants, primarily affiliated with community mental health centers, provided more services than any other group. The type of activities provided included consultation to teachers and Head Start staff, classroom observations, training of parents and staff, orientation of parents and staff to the CFMH project, and counseling parents. In addition to these primary preventive activities, the consultants report engaging in more therapy or treatment than providers or the mental health supervisor in the MHW-E group.

Similar to the MHW-E group, the primary means of incorporating the mental health concept and activities in the Head Start

programs was through training. More than most groups, the CR-experimental programs emphasized the Child and Family Mental Health Project in preservice training. The model demands such an emphasis. Some programs used preservice training as a time to assess last year's activities and to plan for the coming year. The training was typically conducted by the mental health provider or the mental health coordinator. Inservice training followed the same pattern as preservice training. The goals of inservice training favored providing educational resources and stimulation for staff. Inservice training typically occurred within the context of a broader activity. The mental health aspect of inservice training was more often conducted by mental health providers than by mental health coordinators, although the latter played a larger role in the selection of training topics. The CR-experimental groups tended to stress more personal awareness and stress-management topics as well as techniques to work with parents and child-management techniques.

Parent meetings were typically attended by fewer than 25% of the parents with children enrolled in the program. The mental health provider was an active participant in parent meetings where child development, parenting techniques, and physical health and safety issues were discussed. Mental health providers usually led parents' training sessions offering specific child development and health topics at control sites but focusing on adult socio-emotional issues in the experimental programs.

Impact Component

The experience of collecting and analyzing the impact data highlighted the need for measures more appropriate for the diverse populations served by the Head Start programs. The use of language unfamiliar to the respondents and the assumptions upon which some

of the measures are developed created some problems in acquiring a portion of the data. The mere recognition of these problems does little toward resolving difficulties in interpretation of some of the data. In spite of numerous suggestions emanating from Head Start personnel and site monitors, words or items were not changed for sake of comparability. Site monitors and interviewers did make note of items which created difficulty.

The nine comparisions between experimental and control groups which reached at least a .05 level of significant were an unexpected finding. The fact that they were all in a direction favorable to the control indicates something more than chance variation. The meaning of these findings and a discussion of their implications for further analysis are presented in a later section.

The comparability of the MHW-E and the MHW-C groups on impact measures presents the greatest challenge to interpretation. Eight significant findings in one direction suggest either a real difference or a strong systematic bias. Before accepting the differences as real, the possibility of systematic biases should be examined. Three possibilities of bias exist: a sampling bias, a nonsampling bias, and a combination of sampling and nonsampling biases.

A sampling bias would suggest that the procedures used to select the programs to participate in the CFMH program and the procedures used to match and assign programs to experimental and control groups resulted in samples so different that it could not be assumed that they were selected from the same populations. Several findings support the existence of a sampling bias. First, the greatest number of significant comparisons occurs within the model in which the number of cases is the smallest. The MHW model has only six programs as compared to eight for the CR model. A sampling bias which results

in one disparate program would affect the distribution of scores and the subsequent experimental-control comparisons much more in the MHW model than in the CR model.

The possibility of a sampling bias is also suggested by the fact that only one comparison reached the level of significance when the experimental and control groups were compared across models. The increase in the number of programs could negate the effects of a sampling bias, especially when the bias is reflected by a single disparate group. Operationally, a sampling bias could result from an inadvertent inclusion of a racial, sexual, or age group in higher proportions in one of the two comparison groups. Similarly, the inclusion of one cultural group in one of the comparison groups but not in another could create a bias which could yield the type of data patterns reported herein.

Nonsampling biases refer to a variety of variety of procedures or perspectives which may affect responses. Interestingly enough, one of the possible effects of intervention is a production of a bias which reduces the possibility of demonstrating an effect in between-group comparisons. For example, it is possible that the experimental respondents have become sensitized to socio-emotional issues by the training they received in the CFMH program. This increased sensitivity may cause them to be more aware of real or potential problems and respond accordingly on the impact instruments. This type of "experimentally created bias" would produce results similar to those found in the analysis of the Fall, 1979 data.

Another type of bias which would affect these results is one in which respondents are led to believe that their responses would lead to continued or increased funding. As many grant and contract awards are partially contingent upon the ability to demonstrate need, especially unmet need, and lack of resources; respondents

could adopt a negative response bias which is similar to but opposite of the halo effect.

Nonsampling biases are difficult to demonstrate. Negative response biases, whether caused by sensitization to the phenomena being measured or funding expectations, can operate singularly or in combinations. It is important to note that only the first of the two biases explicated above would operate to affect differences between experimental and control groups. There is no reason to believe that a negative bias based upon funding expectations would suppress the scores of the experimental group any more than the control group. Further analysis will be necessary to document or rule out the existence of bias.

Table 1

HEAD START DIRECTOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental						Control						E & C Totals	
	CR		MRW		Totals		CR		MRW		Totals			
	f	P	f	P	f	P	f	P	f	P	f	P	f	P
4A. Previous Positions within Grantee Agency														
Yes	4	.500	6	1.000	10	.714	4	.500	6	.666	10	.588	20	.645
No	4	.500	0		4	.286	4	.500	3	.333	7	.412	11	.355
4B.	N=12		N=10		N=22		N=10		N=7		N=17		N=39	
Teacher/Teacher Aide	2	.167			2	.091			4	.571	4	.235	6	.154
Child Care Coordinator/Day Care Director			1	.100	1	.045	3	.300			3	.176	4	.103
Education Coordinator/Director	1	.083	1	.100	2	.091	1	.100			1	.059	3	.077
HS Center Director/Asst. Director/County	2	.167	1	.100	3	.136			2	.286	2	.118	5	.128
Area Representative/Supervisor/Coordinator	1	.083	1	.100	2	.091	2	.200			2	.118	4	.103
Asst./Director Grantee/CAP			3	.300	3	.136	1	.100			1	.059	4	.103
Asst. Director Follow Through	1	.083			1	.045							1	.026
Medical & Food Program Coordinator	1	.083			1	.045							1	.026
Social Services Coordinator/Asst.	1	.083			1	.045	1	.100			1	.059	2	.051
Handicapped Coordinator			1	.100	1	.045							1	.026
Title I Coordinator									1	.143	1	.059	1	.026
Parent Advocate			1	.100	1	.045							1	.026
Neighborhood Center/Youth & Recreation Summer	2	.167	1	.100	3	.136							3	.077
Migrant Program Supervisor							1	.100			1	.059	1	.026
Outreach Director							1	.100			1	.059	1	.026
Board Member	1	.083			1	.045							1	.026
Totals P		1.000		1.000		1.000		1.000		1.000		1.000		1.000
Number of Positions Totals f $\bar{X}f$	12	3.000	10	1.167	22	2.200	10	2.500	7	1.167	17	1.700	39	1.950

Table 1

HEAD START DIRECTOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental						Control						E & C Totals	
	CR		MAW		Totals		CR		MAW		Totals			
	f	P	f	P	f	P	f	P	f	P	f	P	f	P
3A. Other Current Positions within Grantee Agency														
Yes	4	.500	5	.833	9	.642	4	.500	7	.777	11	.687	20	.645
No	4	.500	1	.166	5	.357	4	.500	2	.222	6	.375	11	.355
3B.	N=4		N=5		N=9		N=4		N=8		N=12		N=21	
Director of Education	1	.250			1	.111	1	.250			1	.083	2	.095
Mental Health Coordinator	3	.750	1	.200	4	.444			2	.250	2	.167	6	.286
Director Summer Programs			1	.200	1	.111							1	.048
Asst./Grantee Director - includes CAP			1	.200	1	.111	2	.500	1	.125	3	.250	4	.190
Asst./HS Executive Director			1	.200	1	.111			1	.125	1	.083	2	.095
Operations Manager			1	.200	1	.111							1	.048
Handicapped Coordinator														
County HS Coordinator							1	.250			1	.083	1	.048
Teacher vs. Principal									3	.375	3	.250	3	.143
Title I Coordinator (Disadvantage)									1	.125	1	.083	1	.048
Totals P		1.000		1.000		1.000		1.000		1.000		1.000		1.000
Number of Positions Totals f $\bar{X}f$	4	1.000	5	1.000	9	1.000	4	1.000	8	1.143	12	1.091	21	1.050
5A. Previous Position within Head Start Program														
Yes	3	.375	3	.500	6	.428	3	.375	5	.555	8	.363	14	.452
No	5	.625	3	.500	8	.571	5	.625	4	.444	9	.409	17	.548
5B.	N=5		N=5		N=10		N=2		N=10		N=12		N=22	
HS Director/Asst. Director/ Administrative Asst.	1	.200	1	.200	2	.200			2	.200	2	.167	4	.182
HS Area Supervisor/County Director			1	.200	1	.100			1	.100	1	.083	2	.091
HS Training Coordinator	1	.200			1	.100							1	.045
Education Coordinator/Director	1	.200	1	.200	2	.200							2	.091
Health Coordinator	1	.200			1	.100							1	.045
Parent Involvement/Social Service Coordinator	1	.200			1	.100	1	.500	1	.100	2	.167	3	.136
Handicapped Coordinator			1	.200	1	.100							1	.045
Teacher/Assistant			1	.200	1	.100	1	.500	4	.400	5	.417	6	.273
Superintendent Schools									1	.100	1	.083	1	.045
Secretary									1	.100	1	.083	1	.045
Totals P		1.000		1.000		1.000		1.000		1.000		1.000		1.000
Number of Positions Totals f $\bar{X}f$	5	1.667	5	1.667	10	1.667	2	.667	10	2.000	12	1.500	22	1.570

Table 3

HEAD START DIRECTOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental						Control						E & C Totals	
	CR		MAW		Totals		CR		MAW		Totals			
	f	P	f	P	f	P	f	P	f	P	f	P	f	P
1. Grantee Agencies	N=8		N=6		N=14		N=7		N=9		N=16		N=30	
School System	1	.125	0		1	.071	1	.142	0		1	.062	2	.067
Community Action	4	.500	4	.666	8	.571	4	.571	9	1.000	13	.812	21	.700
Church	0		0				0		0				0	
Single Purpose	1	.125	1	.166	2	.142	1	.142	0		1	.062	3	.100
Other: YMCA Government Assoc. Indian Program	2	.250	1	.166	3	.214	1	.142			1	.062	4	.133
Total P	8	1.000	6	1.000	14	1.000	7	1.000	9	1.000	16	1.000	30	1.000
2A. Responsibility for Other Programs	N=8		N=6		N=14		N=7		N=9		N=16		N=30	
Yes	7	.875	5	.833	12	.857	6	.857	8	.888	14	.875	26	.867
No	1	.125	1	.166	2	.142	1	.142	1	.111	2	.250	4	.133

Table 4

HEAD START DIRECTOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MRW		Totals		CR		MRW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
2 B. Community Agencies for which Grantee has Responsibility	N=7		N=6		N=13		N=7		N=5		N=12		N=25	
Home Maintenance	3	.428	3	.500	6	.461	4	.571	5	1.000	9	.750	15	.600
Jobs & Job Training	1	.142	3	.500	4	.307	1	.142	2	.400	3	.250	7	.280
Community Outreach	2	.285	2	.330	4	.307	3	.428	3	.600	6	.500	10	.400
Nutrition Programs			2	.330	2	.153	3	.428	3	.600	6	.500	8	.320
Family Service	2	.285	2	.330	4	.307	4	.571	4	.800	8	.666	12	.480
School or Preschool	2	.285	2	.330	4	.307	2	.285	2	.400	4	.333	8	.320
Youth Programs			1	.160	1	.076	4	.571	1	.200	5	.416	6	.240
Community Service	3	.428	2	.330	5	.384	3	.428	1	.200	4	.333	9	.360
Sex, Race or Cultural Equity	3	.428	2	.330	5	.384	2	.285			2	.166	7	.280
Crisis Programs			2	.330	2	.153			2	.400	2	.166	4	.160
Garden Programs	1	.142	1	.160	2	.153			1	.200	1	.083	3	.120
Senior Citizens	3	.428	3	.500	6	.461	3	.428	2	.400	5	.416	11	.440
Housing	2	.285	2	.330	4	.307			2	.400	2	.166	6	.240
Legal/Law Enforcement	2	.285			2	.153			1	.200	1	.086	3	.120
Planning & Zoning Research	1	.142			1	.076							1	.040
Alcoholism	1	.142	1	.160	2	.153	1	.142			1	.086	3	.120
Other: Title IV Income Tax Asst.	1	.142	1	.160	2	.153			1	.200	1	.086	3	.120
Totals f $\bar{X}f$	27	3.857	29	4.833	56	4.308	30	4.286	30	6.000	60	5.000	116	4.640

Table 5

HEAD START DIRECTOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MIW	Totals	CR	MIW	Totals	Totals
	P	P	P	P	P	P	P
2 B. Community Agencies for which Grantee has Responsibility	N=27	N=29	N=56	N=30	N=30	N=60	N=116
Home Maintenance	.111	.103	.107	.133	.083	.150	.129
Jobs & Job Training	.037	.103	.071	.033	.067	.050	.060
Community Outreach	.074	.069	.071	.100	.100	.100	.086
Nutrition Programs		.069	.036	.100	.100	.100	.069
Family Service	.074	.069	.071	.133	.133	.133	.103
School or Preschool	.074	.069	.071	.067	.067	.067	.069
Youth Programs		.034	.018	.133	.033	.083	.052
Community Service	.111	.069	.089	.100	.033	.067	.078
Sex, Race or Cultural Equity	.111	.069	.089	.067		.033	.060
Crisis Programs		.069	.035		.067	.033	.034
Garden Programs	.037	.034	.035		.033	.017	.026
Senior Citizens	.111	.103	.107	.100	.067	.083	.095
Housing	.074	.069	.071		.067	.033	.052
Legal/Law Enforcement	.074		.036		.033	.017	.026
Planning & Zoning Research	.037		.018				.009
Alcoholism	.037	.034	.036	.033		.017	.026
Other: Title IV Income Tax Asst.	.037	.034	.036		.033	.017	.020
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 6

HEAD START DIRECTOR

Frequencies and Mean Frequencies

	Experimental						Control				E & C	
	CR		MHW		Totals		CR		MHW		Totals		Totals	
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
13. Number of consultants provided by Mental Health facility a year/respondent	N=8						N=6		N=7		N=13		N=21	
Total f $\bar{X}f$	22	2.75					11	1.833	15	2.143	26	2.0	48	2.286
14. Hours per month provided by consultants	N=7						N=7		N=6		N=13		N=20	
Total f	468						165.33		65.5		230.83		698.83	
$\bar{X}f$	66.857						23.618		10.917		17.756		34.942	
17/13 B. The three most important qualifications for mental health consultant/ respondent	N=8		N=6		N=14		N=7		N=9		N=16		N=30	
Experience w/sensitivity to target populations	8	1.0			8	.571	5	.714	2	.222	7	.438	15	.50
Background knowledge in child development/psychology	3	.375	3	.50	6	.429	5	.714	5	.555	10	.625	16	.533
Formal education/academic	3	.375			3	.214	1	.143	2	.222	3	.188	6	.20
Prior experience w/preschool children	1	.125	1	.167	2	.143	1	.143	3	.333	4	.25	6	.20
Human relations/communication skills	3	.375	3	.50	6	.429	1	.143	3	.333	4	.25	10	.333
Ability & interest in working w/children or families	2	.25	1	.167	3	.214	2	.286	3	.333	5	.313	8	.267
Organization, planning, coordinating skills	1	.125	1	.167	2	.143	1	.143			1	.063	3	.10
Prior experience w/mental health project/counseling			2	.333	2	.143							2	.067
Professional skills			1	.167	1	.071	2	.286			2	.125	3	.10
Training/evaluation skills	1	.125			1	.071			1	.111	1	.063	2	.067
Ability to utilize local resources			1	.167	1	.071							1	.033
Ability to obtain community support			1	.167	1	.071							1	.033
Knowledge of Head Start philosophy/goals/staff			3	.50	3	.214			2	.222	2	.125	5	.167
Knowledge of Head Start program/services														
Understand inter-agency co-operation	1	.125			1	.071							1	.033
Understand/commitment to CFMH	1	.125			1	.071							1	.033
Dealing w/familier holistically							1	.143			1	.063	1	.033
Availability									2	.222	2	.125	2	.067
Total f $\bar{X}f$	24	3.0	17	2.833	41	2.929	19	2.714	23	2.555	42	2.625	83	2.767

Table 7

HEAD START DIRECTOR

FALL 1980

Proportions

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
	P	P	P	P	P	P	P
17/13 B. The three most important qualifications for mental health consultant/ respondent	N=24	N=17	N=41	N=19	N=23	N=42	N=83
Experience w/sensitivity to target population	.333		.195	.263	.086	.166	.181
Background knowledge in child development/ psychology	.125	.176	.146	.263	.217	.238	.193
Formal education/academic	.125		.073	.052	.086	.071	.072
Prior experience w/ preschool children	.041	.058	.048	.052	.130	.095	.072
Human relations/ communication skills	.125	.176	.146	.052	.130	.095	.120
Ability & interest in working w/children or families	.083	.058	.073	.105	.130	.119	.096
Organization, planning & coordinating skills	.041	.058	.048	.052		.023	.036
Prior experience w/ mental health project/ counseling		.117	.048				.024
Professional skills		.058	.024	.105		.048	.036
Training/evaluation skills	.041		.024		.043	.023	.024
Ability to utilize local resources		.058	.024				.012
Ability to obtain community support		.058	.024				.012
Knowledge of Head Start philosophy/goals/staff		.176	.073				.060
Knowledge of Head Start program/services					.086	.048	
Understand Inter-agency co-operation	.041		.024				.012
Dealing w/families holistically				.052		.023	.012
Availability					.087	.048	.024
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 8

HEAD START DIRECTOR

FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C
	CR		MAW		Totals		CR		MAW		Totals		Totals
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f $\bar{X}f$
26/28.													
Programs greatest asset/ respondent	N=7		N=6		N=13		N=7		N=9		N=16		N=29
Relationship/sensitivity to staff or parents	2	.286	1	.116	3	.231	1	.143	1	.111	2	.125	5 .172
Mental Health Consultant/ Worker			3	.50	3	.231	2	.286	1	.111	3	.188	6 .208
Availability of service	2	.286			2	.154			3	.333	3	.188	5 .172
Parent Education			1	.167	1	.077			4	.444	4	.25	5 .172
Development of positive attitudes in children			1	.167	1	.077	3	.429			3	.188	4 .138
Staff training	1	.143	1	.167	2	.154			1	.111	1	.063	3 .103
Availability of professional/ expertise	3	.429			3	.231	1	.143			1	.063	4 .138
Introduction of primary prevention/ mental wellness	2	.286			2	.154							2 .069
Early intervention/detection							1	.143	1	.111	2	.125	2 .069
Other staff							1	.143	1	.111	2	.125	2 .069
Support from Regional offices, staff or parents	1	.143	1	.167	2	.077							1 .034
Greater parent/staff involvement			1	.167	1	.077	1	.143			1	.063	2 .069
Health Awareness									2	.222	2	.125	2 .069
Other: Mental Health facility, resource booklet meet performance standards - classroom observations & consultations, community liaison, changing staff attitudes	1	.143	1	.167	2	.154	1	.143	3	.333	4	.25	6 .208
Total f $\bar{X}f$	12	1.714	10	1.667	22	1.692	11	1.571	17	1.889	28	1.75	50 1.724

Table 9

HEAD START DIRECTOR

FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
	P	P	P	P	P	P	P
26/28							
Programs greatest asset/ respondent	N=12	N=10	N=22	N=11	N=17	N=28	N=50
Relationship/sensitivity to staff or parents	.167	.10	.136	.091	.059	.071	.10
Mental Health Consultant/ Worker		.30	.136	.182	.059	.107	.12
Availability of service	.167		.091		.176	.107	.10
Parent Education		.10	.045		.235	.143	.10
Development of positive attitudes in children		.10	.045	.273		.107	.08
Staff training	.083	.10	.091		.059	.036	.06
Availability of professional/ expertise	.25		.136	.091		.036	.08
Introduction of primary prevention/ mental wellness	.167		.091				.04
Early intervention/detection				.091	.059	.071	.04
Other staff				.091	.059	.071	.04
Support from Regional offices, staff or parents	.083	.10	.091				.02
Greater parent/staff involvement		.10	.045	.091		.036	.04
Health Awareness					.118	.071	.04
Other: Mental Health facility, resource booklet meet performance standards - classroom observations & consultations, community liaison, changing staff attitudes	.083	.10	.091	.091	.176	.143	.12
	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 10

HEAD START DIRECTOR

FALL 1980

Frequencies and Mean Frequencies

25/27 Advantages of Specific Model	Experimental CR f	CR $\bar{X}f$	MHW f	MHW $\bar{X}f$
	N = 8		N=6	
Expertise & Working with Professionals	3	.375		
Services Available or Access to Resources	3	.375		
Consultants On Call Anytime	1	.125		
More Flexibility	1	.125		
More Money	1	.125		
Able to Make Community Resources Aware	1	.125		
Expansion of Relationship with Mental Health Facilities	1	.125		
Lack of Community Resources/Facilities in Area			4	.667
Availability of Mental Health Worker on staff			4	.667
Cost-Effective/Lack of Funds			2	.333
Mental Health Worker Awareness of Head Start Goals			1	.167
Mental Health Worker Awareness of Head Start Performance Standards			1	.167
Mental Health Worker Knowledge of Community Agencies			1	.167
Head Start Maintains Control			1	.167
Career Development of Staff			1	.167
No Response/None	1	.125	1	.167

Table 11

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
	f	P	f	P	f	P	f	P	f	P	f	P	f	P
2A. Positions Held in Program before becoming Mental Health Coordinator														
Yes	8	.888	6	.857	14	.875	4	.500	6	.750	10	.625	24	.750
No	1	.111	1	.143	2	.125	4	.500	2	.250	6	.375	8	.250
2B. Positions Held Prior to becoming Mental Health Coordinator	N=11		N=13		N=24		N=9		N=11		N=20		N=44	
Head Start Director	2	.182	2	.152	4	.167			1	.091	1	.050	5	.114
Handicapped/Special Needs Coordinator	2	.182	2	.152	4	.167	2	.222	1	.091	3	.150	7	.159
Parent Involvement Coordinator/ Social Services Coordinator/ Family Service Coordinator/ Family Resource Coordinator	3	.273	1	.076	4	.167	4	.444	1	.091	5	.250	9	.205
Teacher/Substitute Teacher/Aide			4	.304	4	.167	1	.111	2	.182	3	.150	7	.159
CDA Trainer/Teacher Trainer/ Supervisor			3	.228	3	.125			1	.091	1	.050	4	.091
Health Coordinator/Health Assistant/Nurse	1	.091			1	.042	1	.111	3	.273	4	.200	5	.114
Program Supervisor/Education Coordinator	3	.273			3	.125							3	.068
Other: Community Rep. on Policy Council			1	.076	1	.042							1	.023
Administrative Assistant							1	.111			1	.050	1	.023
Cook									1	.091	1	.050	1	.023
Volunteer									1	.091	1	.050	1	.023
Total f P	11	1.000	13	1.000	24	1.000	9	1.000	11	1.000	20	1.000	44	1.000
Total f $\bar{X}f$	11	1.375	13	2.167	24	1.714	9	2.250	11	1.833	20	2.000	44	1.833

Table 12

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies & Mean Frequencies = Proportions when N=Response per Model

	Experimental						Control						E & C Totals	
	CR		MRW		Totals		CR		MRW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
3A&B. Employment Time within Groups	N=9		N=7		N=16		N=7		N=8		N=15		N=31	
Full Time	8	.888	6	.857	14	.875	5	.714	6	.750	11	.733	25	.806
Part Time (3/4 time, 1/2 time, 1/4 time or less)	1	.111	1	.142	2	.125	2	.285	2	.250	4	.266	6	.194
4A. Current Other Positions														
Yes	6	.667	6	.857	12	.750	6	.750	6	.750	12	.750	24	.750
No	3	.333	1	.143	4	.250	2	.250	2	.250	4	.250	8	.250
	P		P		P		P		P		P		P	
4B. Current Other Positions	N=7		N=7		N=14		N=8		N=7		N=15		N=29	
Head Start Director	.429		.143		.286				.286		.133		.207	
Handicapped/Special Needs Coordinator	.143		.286		.214		.625		.143		.400		.310	
Social Services/Family Services Coordinator	.143				.071				.143		.067		.069	
Teacher														
CDA Trainer							.125				.067		.034	
Nurse/Health Coordinator	.143				.071		.125		.429		.267		.172	
Mental Health Worker/Supervisor			.286		.143								.069	
Member Career Committee			.143		.071								.034	
Education Coordinator	.143		.143		.143		.125				.067		.103	
Total P	1.000		1.000		1.000		1.000		1.000		1.000		1.000	
Total f $\bar{X}f$	7	1.167	7	1.167	14	1.167	8	1.333	7	1.167	15	1.250	29	1.208

Table 13

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
CULTURAL DIFFERENCES	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
10 Methods to Make Mental Health Services Consistent with Cultural Experiences/respondent	N=9 R* N=8 P**		N=8 R N=6 P		N=17 R N=14 P				N=8 R N=5 P				N=25 N=19	
Use of Local/Ethnic Population	7	.777			7	.411			1	.125			8	.320
Curriculum Methods	1	.111	2	.250	3	.176			4	.500			7	.280
Parent Involvement	3	.333	5	.625	8	.470							8	.320
Extra Curricular Input	1	.111	6	.750	7	.411			3	.375			10	.400
Individual Interactions with Parents	2	.222	3	.373	5	.291			2	.250			7	.280
Staff Training in Cultural Techniques	3	.333			3	.176			2	.250			5	.200
Parent Needs Assessment/History			2	.250	2	.117			2	.250			4	.160
Home-Visits									2	.250			2	.080
Other:														
Stimulate Parent-Parent Interaction			1	.125	1	.058							1	.040
Professional Advisory Council Assures Cultural Relevance			1	.125	1	.058							1	.040
Don't Impose Values			1	.125	1	.058							1	.040
Referrals to: Cultural Centers Learn English Professionals			1	.125	1	.058			2	.250			3	.120
Transport: Child to Treatment Parent to Welfare			1	.125	1	.058			1	.125			2	.080
Help Families in Crisis	1	.111			1	.058							1	.040
Translators at Parent Advisory Council			1	.125	1	.058							1	.040
Total f $\bar{X}f$	18	2.000	24	3.000	42	2.471			19	2.380			61	2.440
Program $\bar{X}f$		2.250		4.000		3.000				3.800				3.211

* Respondent
** Program

Table 14

MENTAL HEALTH COORDINATOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
CULTURAL DIFFERENCES	P	P	P	P	P	P	P
10 Methods to Make Mental Health Services Consistent with Cultural Experiences/respondent	N=18	N=24	N=42		N=19		N=61
Use of Local/Ethnic Population	.389		.167		.053		.131
Curriculum Methods	.056	.083	.071		.211		.115
Parent Involvement	.167	.208	.190				.131
Extra Curricular Input	.056	.250	.167		.158		.164
Individual Interactions with Parents	.111	.125	.119		.105		.115
Staff Training in Cultural Techniques	.167		.071		.105		.082
Parent Needs Assessment/History		.083	.048		.105		.066
Home-Visits					.105		.033
Other:							
Stimulate Parent-Parent Interaction		.042	.024				.016
Professional Advisory Council Assures Cultural Relevance		.042	.024				.016
Don't Impose Values		.042	.024				.016
Referrals to: Cultural Centers Learn English Professionals		.042	.024		.105		.049
Transportation: Child to Treatment Parent to Welfare		.042	.024		.053		.033
Help Families in Crisis	.056		.024				.016
Translator at Parent Advisory Council		.042	.024				.016
Total	1.000	1.000	1.000		1.000		1.000

Table 13

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control				R & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
12														
Incorporation of Mental Health or CFMH into Classroom/respondent	N=9 R* N=8 P**		N=8 R N=6 P		N=17 N=14		N=8 R N=7 P						N=25 N=21	
Curriculum	3	.333	7	.875	10	.588	7	.875					17	.680
Extra-Curricular for Families or Children	3	.333			3	.176							3	.120
Staff Training	7	.777	3	.375	10	.588	3	.375					13	.520
Child Observations or Videotape Class	2	.222	5	.714	7	.411	1	.125					8	.320
Consultations or Recommendations by Mental Health Provider	4	.444	1	.125	5	.294	3	.375					3	.120
Home-Visits			1	.125	1	.058	1	.125					2	.080
Written Materials on Mental Health or Library for Parents	2	.222			2	.117							2	.080
Parent Needs Assessment			1	.125	1	.058							1	.040
Availability of Mental Health Provider to Kids			1	.125	1	.058							1	.040
Other: Appropriate Activities Children's Interactions with Verbalization			1	.125	1	.058	1	.125					2	.080
Respondent Total f $\bar{X}f$	21	2.333	20	2.500	41	2.411	16	2.000					57	2.280
Program $\bar{X}f$		2.625		3.333		2.929		2.285						2.714
PROPORTIONS	P		P		P		P		P		P		P	
Incorporation of Mental Health or CFMH into Classroom/respondent	N=21		N=20		N=41		N=16						N=57	
Curriculum	.143		.350		.244		.438						.299	
Extra-Curricular for Families and Children	.143				.073								.053	
Staff Training	.333		.150		.241		.188						.228	
Child Observations or Videotape Class	.095		.250		.098		.063						.140	
Consultations or Recommendations by Mental Health Provider	.190		.050		.122		.188						.053	
Home-Visits			.050		.024		.063						.035	
Written material on Mental Health or Library for Parents	.095				.049								.035	
Parent Needs Assessment			.050		.024								.018	
Availability of MH Provider to Kids			.050		.024								.018	
Other: Appropriate Activities Children's Interactions with Verbalization			.050		.024		.063						.035	
Total	1.000		1.000		1.000		1.000						1.000	

* Respondent ** Program

Table 16

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
14 Community Agencies with which Head Start Program has established working relation/program	N=8		N=6		N=14		N=7		N=5		N=12		N=26	
Family Service Programs	14	1.750	10	1.660	24	1.714	10	1.420	10	2.000	20	1.666	44	1.692
Community Action	7	.875	2	.333	9	.643	5	.714			5	.417	14	.538
Mental Health Centers	10	1.250	11	1.830	21	1.500	8	1.142	8	1.600	16	1.333	37	1.423
Handicapped/Retardation programs	1	.125	7	1.160	8	.571	2	.285	2	.400	4	.333	12	.462
Health Clinic/Hospitals	7	.960	4	.666	11	.786	1	.142	7	1.400	8	.666	19	.731
Jobs	6	.750	3	.500	9	.643			3	.600	3	.250	12	.462
Schools/Education	6	.750	3	.500	9	.643	3	.428	4	.800	7	.583	16	.615
Crisis Programs	3	.375	1	.166	4	.286							4	.154
Housing	1	.125	1	.166	2	.143							2	.077
Advocates	1	.125	1	.166	2	.143							2	.077
Referral			1	.166	1	.071	1	.142			1	.083	2	.077
Other: Libraries							1	.142						
County Commissioners									1	.200	3	.250	3	.115
AA									1	.200				
Total f $\bar{X}f$	56	7.000	44	7.330	100	7.142	31	4.420	36	7.200	67	5.583	167	6.423
Proportions	f	P	f	P	f	P	f	P	f	P	f	P	f	P
Community Agencies with which Head Start Program has established working relation/program	N=31		N=25		N=56		N=21		N=20		N=41		N=97	
Family Service	5*	.161	4	.160	9	.160	5	.238	3	.150	8	.195	17	.175
Community Action	4	.129	2	.080	6	.107	3	.142			3	.073	9	.093
Mental Health Centers	6	.193	5	.200	11	.196	6	.285	4	.200	10	.243	21	.216
Handicapped/Retardation	2	.064	4	.160	6	.107	2	.095	2	.100	4	.097	10	.103
Health/Hospitals	5	.161	2	.080	7	.125	1	.047	3	.150	4	.097	11	.114
Jobs	2	.064	2	.080	4	.071			3	.150	3	.073	7	.072
Schools/Education	3	.096	2	.080	5	.089	2	.095	4	.200	6	.146	11	.113
Crisis	1	.032	1	.040	1	.017							1	.010
Housing	2	.064	1	.040	3	.053							3	.031
Advocates	1	.032	1	.040	1	.017							1	.010
Referral			1	.040	1	.017	1	.047			1	.024	2	.021
Other							1	.047	1	.050	2	.048	2	.021
Total	31	1.000	25	1.000	56	1.000	21	1.000	20	1.000	41	1.000	97	1.000

* Each program contributes only once to a category.

Table 17

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MAW		Totals		CR		MAW		Totals			
POSITIVE ATTITUDES	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
15 Activities Used to Develop Positive Attitudes toward Mental Health among Parents/respondents	N=9 R* N=8 P**		N=8 R N=7 P		N=17 R N=15 P		N=8 R N=6 P		N=8 R N=5 P		N=16 R N=11 P		N=33 N=26	
Parent Education/Training	8	.888	6	.750	14	.823	5	.625	8	1.00	13	.812	27	.818
Parents' Groups/Meetings	1	.111	6	.750	7	.411			1	.1	1	.062	8	.242
Family Social Events	5	.555	1	.125	6	.352							6	.182
Supportive Consultations/Personal Interactions	2	.222	2	.250	4	.235	4	.500	1	.125	5	.312	9	.273
Orientation	2	.222	1	.125	3	.176	1	.125	1	.125	2	.125	5	.152
Parent Involvement (in Panel/Policy Council/Decisions/Topic Selection)	1	.111	2	.250	3	.176	3	.375	2	.250	5	.313	8	.242
Written Material/Films/Kits	5	.555			5	.294	1	.125	6	.750	7	.438	12	.364
Special Techniques	2	.222	2	.250	4	.235	1	.125	1	.125	2	.125	6	.182
General Approaches	1	.111	8	1.000	9	.529			2	.250	2	.125	11	.333
Home-Visits	1	.111	1	.125	2	.117			1	.125	1	.063	3	.091
Community Directories/Referrals	1	.111			1	.058	1	.125	1	.125	2	.125	3	.091
Other: Needs Assessment, Transportation, Mobilize Community Resources, HSAC	1	.111			1	.058			3	.375	3	.188	4	.121
Nothing							1	.125			1	.063	1	.030
Total f $\bar{X}f$	30	3.333	29	3.625	59	3.470	17	2.125	27	3.750	44	2.750	103	3.121
Program $\bar{X}f$		3.750		4.142		3.933		2.833		5.400		4.000		3.962

* Respondent
** Program

Table 18

MENTAL HEALTH COORDINATOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			
	CR	MHW	Totals	CR	MHW	Totals	E & C Totals
POSITIVE ATTITUDES	P	P	P	P	P	P	P
15 Activities Used to Develop Positive Attitudes toward Mental Health among Parents/respondents	N=30	N=29	N=59	N=17	N=27	N=44	N=103
Parent Education/Training	.267	.207	.237	.294	.296	.295	.262
Parents' Groups/Meetings	.033	.207	.119		.037	.023	.078
Family Social Events	.167	.034	.102				.058
Supportive Consultations/Personal Interactions	.067	.069	.068	.235	.037	.114	.087
Orientation	.067	.034	.051	.058	.037	.045	.049
Parent Involvement	.033	.069	.051	.176	.074	.114	.078
Written Materials/Films/Kits	.167		.085	.058	.222	.159	.117
Specific Techniques	.067	.069	.068	.058	.037	.045	.058
General Approaches	.033	.276	.153		.074	.045	.107
Home-Visits	.033	.034	.034		.037	.023	.029
Community Directories/Referrals	.033		.017	.058	.037	.045	.029
Other: Needs Assessment, Transportation, Mobilize Community Resources, HSAC	.033		.017		.111	.068	.038
Nothing				.058		.045	.010
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 19

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies, Mean Frequencies, and Proportions.

	Experimental						Control				E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
16 Procedures used to orient parents toward goals & objectives of CFMH or Mental Health Services/respondent	N=9 R* N=8 P**		N=8 R N=7 P		N=17 R N=15 P				N=8 R N=5 P				N=25 N=20	
Parents' Meetings	4	.444	7	.875	11	.647			2	.250			13	.520
Written Materials/Film	2	.222	5	.625	7	.411			3	.375			10	.400
Orientation	4	.444	5	.625	9	.529			2	.250			11	.440
Parent Training	1	.111			1	.058							1	.040
Consultation with Mental Health Provider/Individual Interaction	2	.222	1	.125	3	.176			1	.125			4	.160
Home-Visits	1	.111	2	.250	3	.176			2	.250			5	.200
Parent Involvement									2	.250			2	.080
Other: Word of Mouth, Telling Parent, MHC is available, Reminders to Parents, Throughout Year	2	.222	1	.125	3	.176			1	.125			4	.160
Respondent f $\bar{X}f$	16	1.777	21	2.625	37	2.176			13	1.625			50	2.000
Program $\bar{X}f$		2.000		3.000		2.467				2.600				2.500
PROPORTIONS	P		P		P		P		P		P		P	
16 Procedures used to orient parents toward goals & objectives of CFMH or Mental Health Services/respondent	N=16		N=21		N=37				N=13				N=50	
Parents' Meetings	.250		.333		.297				.154				.260	
Written Materials/Films	.125		.238		.189				.231				.200	
Orientation	.250		.238		.243				.154				.220	
Parent Training	.063				.027								.020	
Consultation with Mental Health Provider/Individual Interaction	.125		.048		.081				.077				.080	
Home-Visits	.063		.095		.081				.154				.100	
Parent Involvement									.154				.040	
Other: Word of Mouth, Telling Parent, MHC is available, Reminders to Parents, Throughout Year	.125		.048		.081				.077				.080	
Total	1.000		1.000		1.000				1.000				1.000	

* Respondent
** Program

Table 20

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
POSITIVE ATTITUDES	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
18/15 Specific Activities Used to Develop Positive Attitudes Toward Mental Health Services Among Staff/respondent	N=9 R* N=8 P**		N=8 R N=7 P		N=17 R N=15 P		N=8 R N=7 P		N=8 R N=5 P		N=16 R N=12 P		N=33 N=27	
Staff Training	5	.555	5	.625	10	.588	6	.750	11	1.375	17	.938	27	.818
Staff Meetings/Mental Health Personel at Meetings	4	.444	3	.375	7	.412	1	.125	2	.250	3	.187	10	.303
Classroom Observations	3	.333			3	.176	1	.125			1	.063	4	.121
Family Social Events	4	.444			4	.235							4	.121
Consultations/Personal Interaction with Mental Health Provider	5	.555	2	.250	7	.412	2	.250	2	.250	4	.250	11	.333
Staff Participation	1	.111	2	.250	3	.176	1	.125			1	.063	4	.121
General Approaches			3	.375	3	.176							3	.091
Specific Techniques	4	.444	3	.375	7	.412	1	.125	3	.375	4	.250	11	.333
Orientation	2	.222	2	.250	4	.235	1	.125	1	.125	2	.125	6	.182
Mental Health Providers Available	1	.111	1	.125	2	.118							2	.061
Informing Staff			1	.125	1	.059			1	.125	1	.063	2	.061
Materials-films									2	.250	2	.125	2	.061
Other: Add Mental Health Staff							1	.125			1	.063	1	.031
Staff Needs Assessment			1	.125	1	.059					2	.125	3	.091
Parent Volunteers become Staff									1	.125	1	.063	1	.031
Nothing							2	.250			2	.125	2	.061
Respondent Total f $\bar{X}f$	29	3.222	23	2.875	52	3.059	16	2.000	23	2.875	39	2.430	91	2.758
Program $\bar{X}f$		3.625		3.286		3.467		2.286		4.600		3.250		3.370

* Respondent
** Program

Table 21

MENTAL HEALTH COORDINATOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
Positive Attitudes	P	P	P	P	P	P	P
18/15 Specific Activities Used to Develop Positive Attitudes Toward Mental Health Services Among Staff/respondent	N=29	N=23	N=52	N=16	N=23	N=39	N=91
Staff Training	.172	.217	.192	.375	.478	.436	.297
Staff Meetings/Mental Health Personel at meetings	.138	.130	.135	.063	.087	.077	.110
Classroom Observations	.103		.058	.063		.026	.044
Family Social Events	.138		.077				.044
Consultations/Personal Interaction with Mental Health Provider	.172	.087	.135	.125	.087	.103	.121
Staff Participation	.034	.087	.058	.063		.026	.044
General Approaches		.130	.058				.033
Specific Techniques	.138	.130	.135	.063	.130	.103	.121
Orientation	.069	.087	.077	.063	.043	.051	.066
Mental Health Providers Available	.034	.043	.038				.022
Informing Staff		.043	.019		.043	.026	.022
Materials - films					.087	.051	.022
Other: Add Mental Health Staff				.063		.026	.011
Staff Needs Assessment		.043	.019			.051	.033
Parent Volunteers become Staff					.043	.026	.011
Nothing				.125		.051	.022
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies, Mean Frequencies and Proportions

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
PRESERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
20/17 A. Purpose of Preservice training	N=7		N=8		N=15		N=6		N=7		N=13		N=28	
Orientation to CFMH/MHS	11	1.571	4	.500	15	1.000							15	.536
Planning for coming year	2	.286	6	.750	8	.533	2	.333			2	.154	10	.357
Training skills/education	1	.143	2	.280	3	.200	1	.166	6	.857	7	.538	10	.357
Assessment of past year	2	.286			2	.133							2	.071
Identification of children/ Needs assessment families							3	.500	1	.143	4	.307	4	.143
Staff involvement in program	1	.143			1	.066							1	.036
Introduce: Staff			2	.250	2	.133							2	.071
MH Services/referrals/information MH							6	1.000	3	.429	9	.692	9	.321
New materials/forms			2	.250	2	.133	1	.166			1	.077	3	.107
Staff get together			1	.125	1	.066							1	.036
Other: To meet requirements									1	.143	1	.077	1	.036
Help component areas									1	.143	1	.077	1	.036
Total f $\bar{X}f$	17	.243	17	2.125	34	2.270	13	2.166	12	1.714	25	1.923	59	2.110
	P		P		P		P		P		P		Proportions	
A. Purpose of Preservice training	N=17		N=17		N=34		N=13		N=12		N=25		N=59	
Orientation	.645		.235		.441								.254	
Planning	.118		.353		.235		.154				.080		.169	
Training Skills	.056		.118		.088		.077		.500		.280		.169	
Assessment	.118				.059								.034	
Identification Technique							.231		.083		.160		.068	
Staff Involvement	.056				.029								.017	
Introduce: Staff			.118		.059								.034	
MH Services							.462		.250		.360		.153	
New Forms			.118		.059		.077				.040		.051	
Staff get together			.056		.029								.017	
Other: Meet requirements									.083		.040		.017	
Help Components									.083		.040		.017	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 23

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MAW		Totals		CR		MAW		Totals			
PRESERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
20/17 Preservice training of staff/respondent	N=7		N=8		N=15		N=7		N=7		N=14		N=29	
B. Who conducted														
Head Start Director	3	.429	2	.250	5	.333	2	.286	1	.143	3	.214	8	.276
Mental Health Supervisor	1	.143	3	.375	4	.266							4	.138
Mental Health Coordinator	4	.571	1	.125	5	.333	3	.428	2	.286	5	.375	10	.345
Mental Health Provider/staff	5	.714	6	.750	11	.733	2	.286	4	.571	6	.428	17	.586
Other: Coordinators, etc.			2	.250	2	.133	7	1.000	6	.857	13	.929	15	.517
Total f $\bar{X}f$	13	1.857	14	1.750	27	1.800	14	2.000	13	1.857	27	1.929	54	1.862
Preservice training of staff/program	N=6		N=6		N=12		N=6		N=5		N=11		N=23	
B. Who conducted														
Head Start Director	3	.500	2	.333	5	.417	2	.333	1	.200	3	.273	8	.348
Mental Health Supervisor	1	.166	3	.500	4	.333							4	.174
Mental Health Coordinator	4	.666	5	.833	9	.750	3	.500	2	.400	5	.455	14	.609
Mental Health Provider/staff	4	.666	2	.333	6	.500	2	.333	4	.800	6	.545	12	.522
Other: Coordinators, etc.							7	1.166	5	1.000	13	1.090	13	.565
Total f $\bar{X}f$	12	2.000	12	2.000	24	2.000	14	2.330	12	2.400	26	2.363	50	2.174
C. Who attended/respondent	N=7		N=8		N=15		N=7		N=7		N=14		N=29	
Mental Health Coordinator	3	.429	5	.625	8	.533	4	.571	6	.857	10	.714	18	.621
Teachers	5	.714	8	1.000	13	.866	7	1.000	7	1.000	14	1.000	27	.931
Teachers aides	4	.571	8	1.000	12	.800	6	.857	6	.857	12	.857	24	.828
Component Coordinators*			(2)	.250	(2)	.133	(3)	.429	(2)	.286	(5)	.375	(7)	.241
Education			5		5	.333	2	.286	1	.143	3	.214	8	.276
Social Service			2	.250	2	.133	2	.286	3	.428	5	.375	7	.241
Parent Involvement			3	.375	3	.333	3	.429	1	.143	4	.286	7	.241
Health/Handicap			3	.375	3	.333	2	.286	1	.143	3	.214	6	.207
Mental Health Providers/staff	1	.143	7	.875	8	.533	2	.286			2	.143	10	.345
Cooks/Janitors/Bus Drivers	4	.571	5	.625	9	.600	3	.429	3	.428	6	.428	15	.517
Parents/Parent aides/Volunteers	1	.143			1	.133	1	.143	4	.571	5	.375	6	.207
Other: Directors, Grantee staff/ Aides, etc.	2	.286	7	.875	9	.600	6	.857	3	.428	9	.643	18	.621
All Staff/Center staff	4	.571	3	.375	7	.466			2	.286	2	.143	9	.310
Total f $\bar{X}f$	24	3.429	56	7.000	80	5.333	38	5.429	37	5.286	75	5.357	155	5.345

* Not included in column sums

Table 24

MENTAL HEALTH COORDINATOR
FALL 1980
Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
PRESERVICE TRAINING	P	P	P	P	P	P	P
20/17							
Preservice training of staff/ respondent	N=13	N=14	N=27	N=14	N=13	N=27	N=54
B. Who conducted							
Head Start Director	.231	.143	.185	.143	.077	.111	.148
Mental Health Supervisor	.077	.214	.148				.074
Mental Health Coordinator	.308	.071	.185	.214	.154	.185	.185
Mental Health Provider/staff	.385	.429	.407	.143	.308	.222	.315
Other: Coordinators, etc.		.143	.074	.500	.462	.481	.277
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Preservice training of staff/ program	N=12	N=12	N=24	N=14	N=12	N=26	N=50
B. Who conducted							
Head Start Director	.250	.166	.208	.143	.083	.115	.160
Mental Health Supervisor	.083	.250	.166				.080
Mental Health Coordinator	.333	.417	.375	.214	.166	.192	.280
Mental Health Provider/staff	.333	.166	.250	.143	.333	.231	.240
Other: Coordinators, etc.				.500	.417	.500	.260
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000
C. Who attended/respondent	N=24	N=56	N=80	N=38	N=37	N=75	N=155
Mental Health Coordinator	.125	.089	.100	.105	.162	.133	.144
Teachers	.208	.143	.163	.184	.189	.187	.216
Teachers aides	.166	.143	.150	.158	.162	.160	.192
Component Coordinators							
Education		.089	.063	.053	.027	.040	.064
Social Service		.036	.025	.053	.081	.067	.056
Parent Involvement		.054	.038	.079	.027	.053	.056
Health/Handicap		.054	.038	.053	.027	.040	.048
Mental Health Providers/staff	.042	.125	.100	.053		.026	.080
Cooks/Janitors/Bus Drivers	.166	.089	.113	.079	.081	.080	.120
Parents/Parent aides/Volunteers	.042		.013	.026	.108	.067	.048
Other: Directors, Grantee Staff, etc.	.083	.250	.113	.158	.081	.120	.144
All Staff/Center staff	.166	.054	.088		.054	.027	.027
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 25

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies & Mean Frequencies = Proportions (1 Response per Respondent)

	Experimental						Control						E & C
	CR		MHW		Totals		CR		MHW		Totals		Total
PRESERVICE TRAINING	f	$\bar{X}_f$	f	$\bar{X}_f$	f	$\bar{X}_f$	f	$\bar{X}_f$	f	$\bar{X}_f$	f	$\bar{X}_f$	f $\bar{X}_f$
20/17 D. How many preservice sessions/respondent	N=7		N=8		N=15		N=6		N=7		N=13		N=28
one	4	.571	3	.375	7	.466	5	.833	1	.142	6	.461	13 .464
two	3	.429	2	.250	5	.333	1	.166	2	.286	3	.231	8 .286
three			1	.125	1	.066							1 .036
four			1	.125	1	.066							1 .036
five+			1	.125	1	.066	1	.166	3	.429	4	.308	5 .179
Total	7	1.0	8	1.0	15	1.0	7	1.166	6	.857	13	1.0	28 1.0
D. How many/program	N=6		N=6		N=12		N=6		N=5		N=11		N=23
one	3	.500	3	.500	6	.500	4	.666			4	.364	10 .435
two	3	.500			3	.250	1	.166	2	.400	3	.273	6 .261
three			1	.166	1	.083			1($\bar{X}$)	.200	1	.091	2 .087
four			1	.166	1	.083							1 .043
five+			1	.166	1	.083	1	.166	2	.400	3	.273	4 .174
Total	6	1.0	6	1.0	12	1.0	6	1.0	5	1.0	11	1.0	23 1.0
E. How long were sessions/respondent	N=7		N=8		N=15		N=7		N=7		N=14		N=29
<one			1	.125	1	.066	1	.142			1	.071	2 .069
one	2	.286			2	.133	1	.142			1	.071	3 .103
two							2				2		2 .069
three	2	.286	2	.250	4	.266	3	.429	1	.142	4	.286	8 .276
four+	3	.429	5	.625	8	.533			6	.857	6	.428	14 .483
Total	7	1.0	8	1.0	15	1.0	7	1.143	7	1.0	15	1.071	29 1.0
E. How long/program	N=6		N=6		N=12		N=6		N=5		N=11		N=23
<one							1	.142			1	.091	1 .043
one	1	.166			1	.083							1 .043
two	1($\bar{X}$)	.166	1($\bar{X}$)	.166	2	.166	3	.500			3	.273	5 .217
three	1	.166	2	.333	3	.250	2	.286	1	.200	3	.273	6 .261
four+	3	.500	3	.500	6	.500			4	.800	4	.364	10 .435
Total	6	1.0	6	1.0	12	1.0	6	1.06	5	1.0	11	1.0	23 1.0

Table 26

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MAW		Totals		CR		MAW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
20/17 F. Topics for Preservice Training/Respondent	N=7		N=7		N=14		N=7		N=7		N=14		N=28	
Child Development Issues	2	.286	3	.429	5	.357	5	.714	5	.714	10	.714	15	.536
Skill Building	6	.857	5	.714	11	.786	1	.143	5	.714	6	.429	17	.608
Orient to CMH/Mental Health Services or to Mental Health	7	1.000	6	.857	13	.929	4	.571	3	.429	7	.500	20	.715
Head Start Philosophy/Policy	3	.429	2	.286	5	.357							5	.178
Identification, assessment or orientation of children and families	1	.143	2	.286	3	.214	2	.286	1	.143	3	.214	6	.215
Parent Involvement, Needs and Home-Visits	3	.429	6	.857	9	.643	1	.143	2	.286	3	.214	12	.429
Introduction to: Staff, Mental Health Staff or Staff Roles	1	.143	3	.429	4	.286	1	.143			1	.071	5	.179
Introduction to: New Forms			2	.286	2	.143	1	.143	1	.143	2	.143	4	.143
Introduction to: Community, State Resources and Referral							2	.286	2	.286	4	.286	4	.143
Orientation to Components*			(2)	.286	(2)	.143	(1)	.143	(2)	.286	(3)	.214	(5)	.179
Health or Dental	1	.143	3	.429	4	.286	2	.286	5	.714	7	.500	11	.394
Nutrition	1	.143	3	.429	4	.286	1	.143	1	.143	2	.143	6	.215
Handicapped or Special Needs			2	.286	2	.143	1	.143	3	.429	4	.286	6	.215
Social Services	1	.143	1	.143	2	.143	1	.143	1	.143	2	.143	4	.143
Administrative, Supervisory or Management	4	.571	2	.286	6	.429	1	.143	3	.429	4	.286	10	.358
Education			1	.143	1	.071	1	.143	1	.143	2	.143	3	.107
Other: Transportation			1	.143	1	.071							1	.035
Housekeeping			1	.143	1	.071							1	.035
Plans for Year			2	.286	2	.143							2	.072
Total f $\bar{X}f$	30	4.290	45	6.430	75	5.360	24	3.430	33	4.710	57	4.070	132	4.724

* Not included in column sums

Table 27

MENTAL HEALTH COORDINATOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
PRESERVICE TRAINING	P	P	P	P	P	P	P
20/17 F. Topics for Preservice Training/ respondent	N=30	N=45	N=75	N=24	N=33	N=57	N=132
Child Development Issues	.067	.067	.067	.208	.152	.175	.114
Skill Building	.200	.111	.147	.042	.152	.105	.129
Orientation to CFMH/MH Services or to Mental Health	.233	.133	.173	.167	.091	.123	.152
HS Philosophy/Policy	.100	.044	.067				.038
Identification, assessment or Documentation of children and families	.033	.044	.040	.083	.030	.053	.045
Parent Involvement, Needs and Home-Visits	.100	.133	.120	.042	.061	.053	.091
Introduction to:							
Staff, MH staff or staff roles	.033	.067	.053	.042		.018	.038
New Forms		.044	.027	.042	.030	.035	.030
Community, state resources & referrals				.083	.061	.070	.030
Orientation to components:							
Health or Dental	.033	.067	.053	.083	.152	.123	.083
Nutrition	.033	.067	.053	.042	.030	.035	.045
Handicapped or Special Needs		.044	.027	.042	.061	.070	.045
Social Services	.033	.022	.027	.042	.030	.035	.030
Administrative, Supervisory or Management	.133	.044	.080	.042	.061	.070	.076
Educational		.022	.013	.042	.030	.035	.023
Other: Transportation		.022	.013				.008
Housekeeping		.022	.013				.008
Plans for Year		.044	.027				.015
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 28

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies & Mean Frequencies = Proportions (1 Response per Respondent)

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
PRESERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
20/17														
H. Preservice training as a/ respondent	N=7		N=8		N=15		N=7		N=7		N=14		N=29	
CFMH/MH activity	4	.571	2	.250	6	.400	1	.143	1	.143	2	.143	8	.276
Broader training	3	.429	6	.750	9	.600	6	.857	6	.857	12	.857	21	.724
Total f $\bar{X}f$	7	1.000	8	1.000	15	1.000	7	1.000	7	1.000	14	1.000	29	1.000
H. Preservice training as a/ program	N=6		N=6		N=12		N=6		N=5		N=11		N=23	
CFMH/MH activity	3	.500	2	.333	5	.417	1	.166	1	.200	2	.182	7	.304
Broader training	3	.500	4	.666	7	.583	5	.833	4	.800	9	.818	16	.696
Total f $\bar{X}f$	6	1.000	6	1.000	12	1.000	6	1.000	5	1.000	11	1.000	23	1.000
G. Who decided topics/respondent	N=7		N=7		N=14		N=7		N=7		N=14		N=28	
MH Coordinator	3	.429	2	.286	5	.135	5	.714	2	.286	7	.500	12	.429
MH Provider/staff	3	.429	3	.429	6	.162	3	.429	1	.143	4	.286	10	.357
HS Director/Admin. staff	3	.429	2	.286	5	.135	1	.143	2	.286	3	.214	8	.286
Planning committee/career development committee/ policy council	1	.143	1	.143	2	.054			2	.286	2	.143	4	.143
Component Coordinators/heads			3	.429	3	.081	3	.429	2	.286	5	.357	8	.286
Needs assessment/staff input	3	.429	1	.143	4	.108			3	.429	3	.214	7	.250
ACYF							1	.143			1	.071	1	.036
HS Supervisor			1	.143	1	.027							1	.036
Total f $\bar{X}f$	13	1.857	13	1.857	26	1.857	13	1.857	12	1.714	25	1.786	51	1.820
	P		P		P		P		P		P		Proportions	
G. Who decided/respondent	N=13		N=13		N=26		N=13		N=12		N=25		N=51	
MH Coordinator	.231		.154		.192		.385		.166		.280		.235	
MH Provider/professionals	.231		.231		.231		.231		.083		.160		.196	
HS Director/Admin. staff	.231		.154		.192		.077		.166		.120		.157	
Planning committee, etc.	.077		.077		.077				.166		.080		.078	
Component Coordinators			.231		.115		.231		.166		.200		.157	
Needs Assessment/staff input	.231		.077		.154				.250		.120		.137	
ACYF							.077				.040		.020	
HS Supervisor			.077		.038								.020	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies, Mean Frequencies and Proportions

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
INSERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
21/18 A. Purpose of Inservice Training/ respondent	N=8		N=7		N=15		N=8		N=7		N=15		N=30	
Orientation to CFMH/MHS	1	.125			1	.067	1	.125	2	.286	3	.200	4	.133
Head Start Philosophy	1	.125	1	.143	2	.133							2	.067
Staff Training/Education	6	.750	9	1.286	15	1.000	6	.750	6	.857	12	.800	27	.900
Needs Assessment	1	.125			1	.067	1	.125	1	.143	2	.133	3	.100
Paperwork									1	.143	1	.067	1	.033
Introduce MH Staff & roles/staff/ staff interaction	2	.250			2	.133			2	.286	2	.133	4	.133
Provide Educational Resources/ Stimulate Staff	3	.375	1	.143	4	.267			1	.143	1	.067	5	.167
Discuss Classroom Situations or Problems	1	.125	1	.143	2	.133			2	.286	2	.133	4	.133
Total f $\bar{X}f$	15	1.875	12	1.714	27	1.800	8	1.000	15	2.143	23	1.533	50	1.667
PROPORTIONS	P		P		P		P		P		P		P	
A. Purpose of Inservice Training/ respondent	N=15		N=12		N=27		N=8		N=15		N=23		N=50	
Orientation to CFMH/MHS	.067				.037		.125		.133		.130		.080	
Head Start Philosophy	.067		.083		.074								.040	
Staff Training/Education	.400		.750		.555		.750		.400		.522		.540	
Needs Assessment	.067				.037		.125		.067		.087		.060	
Paperwork									.067		.043		.020	
Introduce MH Staff	.133				.074				.133		.087		.080	
Provide Educational Resources/ Stimulate Staff	.200		.083		.148				.067		.043		.100	
Discuss Classroom Situations	.067		.083		.074				.133		.087		.080	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	
INSERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
B. What was the Inservice Training designed as part of/respondent	N=8		N=8		N=16		N=8		N=7		N=15		N=31	
CFMH/MH Activity	3	.375	3	.375	6	.375	5	.625	3	.426	8	.533	14	.452
Broader Training	5	.625	5	.625	10	.625	3	.375	4	.571	7	.467	17	.548
Total f $\bar{X}f$	8	1.000	8	1.000	16	1.000	8	1.000	7	1.000	15	1.000	31	1.000

Table 30

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies & Mean Frequencies = Proportions when Total Frequencies = N

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
INSERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
21/18														
C. Who conducted inservice training/respondent	N=8		N=8		N=16		N=8		N=7		N=15		N=31	
Head Start Director	1	.125	1	.125	2	.125	1	.125	1	.143	2	.133	4	.129
Mental Health Supervisor			5	.625	5	.313							5	.161
Mental Health Coordinator	2	.250	4	.500	6	.375	4	.500	3	.429	7	.467	13	.419
Mental Health Worker			8	1.000	8	.500							8	.258
Component Coordinators	2	.250			2	.125							2	.065
Education			4	.500	4	.250	1	.125			1	.067	5	.161
Parent Involvement			3	.375	3	.188	1	.125			1	.067	4	.129
Social Service			2	.250	2	.250	1	.125			1	.067	3	.097
Health/Handicapped			2	.250	2	.250	1	.125			1	.067	3	.097
Nutrition			1	.125	1	.063	1	.125			1	.067	2	.065
Mental Health Providers/Staff	8	1.000	1	.125	9	.563	4	.500	5	.714	9	.600	18	.581
Other: Outside Services									5	.714	5	.333	5	.161
Teachers			1	.125	1	.063							1	.032
Teacher Aides			1	.125	1	.063							1	.032
Teacher Trainers	1	.125			1	.063							1	.032
Social Worker	1	.125					1	.125			1	.067	1	.032
Total f $\bar{X}f$	15	1.875	33	4.125	48	3.000	15	1.875	14	2.000	29	1.933	77	2.484
C. Who conducted inservice training/program	N=8		N=6		N=14		N=7		N=5		N=12		N=26	
Head Start Director	1	.125	1	.167	2	.143	1	.143	1	.200	2	.167	4	.154
Mental Health Supervisor			4	.667	4	.286							4	.154
Mental Health Coordinator	2	.250	3	.500	5	.357	4	.571	1	.200	5	.417	10	.385
Mental Health Worker			6	1.000	6	.429							6	.231
Component Coordinators	2	.250			2	.143							2	.077
Education			4	.667	4	.286	1	.143			1	.083	5	.192
Parent Involvement			3	.500	3	.214	1	.143			1	.083	4	.154
Social Service			2	.333	2	.143	1	.143			1	.083	3	.115
Health/Handicapped			2	.333	2	.143	1	.143			1	.083	3	.115
Nutrition			1	.167	1	.071	1	.143			1	.083	2	.077
Mental Health Providers/Staff	8	1.000	1	.167	9	.643	4	.571	4	.800	8	.667	17	.654
Other: Outside Services									4	.800	4	.333	4	.154
Teachers			1	.167	1	.143							1	.038
Teachers Aides			1	.167	1	.143							1	.038
Teacher Trainers	1	.125			1	.143							1	.038
Social Worker	1	.125			1	.143	1	.143			1	.083	2	.077
Total f $\bar{X}f$	15	1.875	29	4.833	44	3.143	15	2.143	10	2.000	25	2.080	69	2.654

Table 31

MENTAL HEALTH COORDINATOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MRW	Totals	CR	MRW	Totals	Totals
INSERVICE TRAINING	P	P	P	P	P	P	P
21/18 C. Who Conducted Training/Program	N=15	N=29	N=44	N=15	N=10	N=25	N=69
Head Start Director	.667	.034	.045	.067	.100	.080	.058
Mental Health Supervisor		.138	.091				.058
Mental Health Coordinator	.133	.103	.114	.267	.100	.200	.145
Mental Health Worker		.207	.136				.087
Component Coordinators	.133	.413	.273	.335		.200	.236
Education		.138	.091	.067		.040	.073
Parent Involvement		.103	.068	.067		.040	.058
Social Service		.069	.045	.067		.040	.043
Health/Handicapped		.069	.045	.067		.040	.043
Nutrition		.034	.023	.067		.040	.029
Mental Health Providers/Staff	.333	.034	.205	.267	.400	.320	.246
Other: Outside Services					.400	.160	.058
Teachers		.034	.045				.014
Teachers Aides		.034	.045				.014
Teacher Trainers	.067		.045				.014
Social Worker	.067		.045	.067		.040	.029
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000
D. Who Attended/Respondent	N=37	N=53	N=90	N=47	N=43	N=92	N=182
Mental Health Worker		.132	.078				.038
Mental Health Coordinator	.057	.075	.111	.128	.186	.141	.126
Teachers	.075	.151	.178	.149	.186	.152	.165
Teachers Aides	.075	.151	.178	.149	.186	.152	.165
Component Coordinators	.028	.038	.056	.021		.011	.033
Education		.057	.033	.064	.022	.043	.038
Social Service		.019	.011	.043	.044	.043	.027
Parent Involvement		.038	.022	.043	.022	.034	.027
Health/Handicapped		.057	.033	.064	.022	.043	.038
Mental Health Providers/Staff				.043	.022	.034	.016
Cooks/Janitors/Bus Drivers	.047	.132	.133	.085	.089	.087	.109
Parents/Parents Aides/Volunteers	.009		.011	.085	.111	.098	.055
Other: Aides, Directors, Social Workers, Secretary	.038	.113	.111	.106	.178	.141	.126
All Staff/Center Staff	.019	.038	.044	.021	.022	.022	.033
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 32

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						R & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
INSERVICE TRAINING 21/18	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
B. [illegible] ATTENDED/respondent	N=8		N=8		N=16		N=18		N=7		N=15		N=31	
MENTAL HEALTH WORKER			7	.875	7	.438							7	.226
MENTAL HEALTH COORDINATOR	6	.75	4	.50	10	.625	6	.75	7	1.0	13	.867	23	.742
Teachers	8	1.0	8	1.0	16	1.00	7	.875	7	1.0	14	.933	30	.968
Teachers aide	8	1.0	8	1.0	16	1.00	7	.875	7	1.0	14	.933	30	.968
Component Coordinators	3	.375	2	.25	5	.313	1	.125			1	.067	6	.194
Education			3	.375	3	.188	3	.375	1	.143	4	.267	7	.226
Social Service			1	.125	1	.063	2	.250	2	.286	4	.267	5	.161
Parent Involvement			2	.25	2	.125	2	.250	1	.143	3	.20	5	.161
Health Handicapped			3	.375	3	.188	3	.375	1	.143	4	.267	7	.226
Mental Health Providers/ staff							2	.250	1	.143	3	.20	3	.097
Cooks/Janitors/ Bus Drivers	5	.625	7	.875	12	.75	4	.50	4	.571	8	.50	20	.645
Parents/Parent aides/ Volunteers	1	.125			1	.063	4	.50	5	.714	9	.60	10	.323
Other: aides, Directors, Social Worker, secretaries, etc.	4	.500	6	.75	10	.625	5	.625	8	1.143	13	.867	23	.742
All Staff/Center Staff	2	.25	2	.25	4	.23	1	.125	1	.143	2	.133	6	.194
Total f $\bar{X}f$	37	4.625	53	6.625	90	5.625	47	5.875	45	6.429	92	6.133	182	5.871
E. How many training sessions/respondent	N=8		N=8		N=16		N=8		N=7		N=15		N=31	
one							1	.125	1	.143	2	.133	2	.065
two			1	.123	1	.063	2	.250			2	.133	3	.097
three							2	.250	1	.143	3	.20	3	.097
four			1	.123	1	.063			1	.143	1	.067	2	.065
five +	8	1.0	6	.75	14	.875	3	.375	4	.571	7	.467	21	.677
Total f $\bar{X}f$	8	1.0	8	1.0	16	1.00	8	1.0	7	1.0	15	1.00	31	1.00
E. How many training sessions/program	N=8		N=6		N=14		N=7		N=5		N=12		N=26	
one							1	.143	1	.20	1	.083	1	.038
two							2	.286			2	.167	2	.077
three			1($\bar{X}$)	.167	1	.071	2	.286			2	.167	3	.115
four			1	.167	1	.071			2($\bar{X}$)	.40	2	.167	3	.115
five +	8	1.0	4	.667	12	.857	2	.286	2	.40	4	.333	16	.615
Total f $\bar{X}f$	8	1.0	6	1.0	14		7	1.0	5	1.0	12	1.00	26	1.00

Table 33

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
INSERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
21/18 F. Topics covered in training	N=8		N=7		N=15		N=8		N=7		N=15		N=30	
Administrative/Head Start Specific							1	.125	4	.571	5	.333	5	.167
Child Development Issues*	(17)	2.125	(9)	1.286	(26)	1.733	(8)	1.000	(12)	1.714	(20)	1.333	(46)	1.533
General/Social-Emotional Development	5	.625	3	.429	8	.533	5	.625	1	.143	6	.400	14	.467
Children Imagination/Curiosity	7	.875			7	.467							7	.233
Child Abuse & Neglect	1	.125	1	.143	2	.133			2	.286	2	.133	4	.133
Health Nutrition & Safety	3	.375	3	.429	6	.400	2	.250	9	1.286	11	.733	17	.567
Learning Disabilities/Handicap	1	.125	2	.286	3	.200	1	.125	4	.571	5	.333	8	.267
SKILL BUILDING														
Adult Techniques*	(16)	.500	(14)	.500	(30)	.500	(8)	1.000	(8)	1.143	(16)	1.067	(46)	1.533
Identifying/Testing/ Document Child			1	.143	1	.067	1	.125	4	.571	5	.333	6	.200
Communication/Relation Skills	7	.875			7	.467	1	.125			1	.067	8	.267
Personal Awareness/Stress	5	.625	3	.429	8	.533	3	.375	2	.286	5	.333	13	.433
Problem Solving	1	.125	1	.143	2	.133							2	.067
Working with Parents	3	.375	4	.571	7	.467	2	.250	1	.143	3	.200	10	.333
Resources for Families			5	.714	5	.333	1	.125	1	.143	2	.133	7	.233
Child Techniques*	(11)	1.375	(5)	.714	(16)	1.067	(4)	.500	(7)	1.000	(11)	.733	(27)	.900
Child Management	5	.625	3	.429	8	.533	2	.250	4	.571	6	.400	14	.233
Socio-Emotional Training/Games	3	.375			3	.200			1	.143	1	.067	4	.133
Creative Arts Skills	2	.250			2	.133							2	.067
Education/Communication with Child	1	.125	2	.286	3	.200	2	.250	2	.286	4	.267	7	.233
Overview of CFMH/Mental Health Services/Mental Health	1	.125	3	.429	4	.267	1	.125	4	.571	5	.333	9	.300
Total f $\bar{X}f$	40	5.000	31	4.429	71	4.733	22	2.750	39	5.571	61	4.066	132	4.40

* Not included in column sums

Table 34

MENTAL HEALTH COORDINATOR
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MBW	Totals	CR	MBW	Totals	Totals
INSERVICE TRAINING	P	P	P	P	P	P	P
21/18 F. Topics covered in training	N=40	N=31	N=71	N=22	N=39	N=61	N=132
Administrative/Head Start Specific				.045	.103	.082	.038
Child Development Issues							
Social-Emotional Development	.125	.097	.113	.227	.026	.098	.106
Children's Imagination/Curiosity	.175		.099				.053
Child Abuse & Neglect	.025	.032	.028		.051	.033	.030
Health, Nutrition & Safety	.075	.097	.085	.091	.231	.180	.129
Learning Disabilities/Handicap	.025	.065	.042	.045	.103	.082	.061
SKILL BUILDING							
Adult Techniques							
Identifying/Testing/Document Child		.032	.014	.045	.103	.082	.045
Communication/Relational Skills	.175		.099	.045		.016	.061
Personal Awareness/Stress	.125	.097	.113	.136	.051	.082	.098
Problem Solving	.025	.032	.028				.015
Working with parents	.075	.129	.099	.091	.026	.049	.076
Resources for Families		.161	.070	.045	.026	.033	.053
Child Techniques							
Child Management	.125	.097	.113	.091	.103	.098	.106
Socio-Emotional Training/Games	.075		.042		.026	.016	.030
Creative Arts Skills	.050		.028				.015
Education/Communication with Child	.025	.065	.042	.091	.051	.066	.053
Overview of CFMH/Mental Health Services/Mental Health	.025	.097	.056	.045	.103	.082	.068
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 35

MENTAL HEALTH COORDINATOR
FALL 1980

Frequencies & Mean Frequencies = Proportions when Total Frequencies = N

	Experimental						Control						Z & C Totals	
	CR		MAW		Totals		CR		MAW		Totals			
INSERVICE TRAINING	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
21/18														
F. How long were sessions/respondent	N=8		N=8		N=16		N=8		N=7		N=14		N=30	
<1 hour							1	.125			1	.071	1	.033
1 hour							1	.125	1	.143	2	.143	2	.067
2 hours	4	.500	4	.500	8	.500	3	.375			3	.214	11	.367
3 hours	1	.125			1	.063	2	.250			2	.143	3	.100
4+ hours	3	.375	4	.500	7	.478	1	.125	6	.857	7	.500	13	.433
Total f $\bar{X}f$	8	1.000	8	1.000	16	1.000	8	1.000	7	1.000	14	1.000	30	1.000
F. How long were sessions/program	N=8		N=6		N=14		N=7		N=5		N=12		N=26	
<1 hour							1	.143			1	.083	1	.038
1 hour							1	.143			1	.083	1	.038
2 hours	4	.500	3	.500	7	.500	3	.429			3	.250	10	.385
3 hours	1	.125	1($\bar{X}$)	.167	2	.143	1	.143	1($\bar{X}$)	.200	2	.167	4	.154
4+ hours	3	.375	2	.333	5	.357	1	.143	4	.800	5	.417	10	.385
Total f $\bar{X}f$	8	1.000	6	1.000	14	1.000	7	1.000	5	1.000	12	1.000	26	1.000
H. Who decided topics	N=8		N=7		N=15		N=8		N=7		N=15		N=30	
Mental Health Coordinator	5	.625	3	.429	8	.533	5	.625	1	.143	6	.400	14	.467
Mental Health Provider/staff	2	.250	3	.429	5	.333	1	.125	4	.571	5	.333	10	.333
Head Start Director/Admin. Staff	1	.125	4	.571	5	.333	1	.125	2	.286	3	.200	8	.267
Mental Health Supervisor			3	.429	3	.200							3	.100
Planning Committee/Career Development/Policy Council	1	.125	1	.143	2	.133			1	.143	1	.067	3	.100
Component Heads/Coordinator	2	.250	3	.429	5	.333	1	.125			1	.067	6	.200
Needs Assessment/Teachers/ Staff	6	.750			6	.400	1	.125	3	.429	4	267	10	.333
Parents	1	.125			1	.067							1	.033
CFDH Package/Performance Standards	1	.125			1	.067	1	.125			1	.067	2	.067
Mental Health Facility/Outside Presenter	1	.125			1	.067	2	.250			2	.133	3	.100
Total f $\bar{X}f$	20	2.500	17	2.429	37	2.467	12	1.500	11	1.571	23	1.533	60	2.000
	P		P		P		P		P		P		Proportions	
H. Who decided topics	N=20		N=17		N=37		N=12		N=11		N=23		N=60	
Mental Health Coordinator	.250		.176		.216		.417		.091		.261		.233	
Mental Health Provider/Staff	.100		.176		.135		.083		.364		.217		.167	
HS Director/Admin. Staff	.050		.235		.135		.083		.182		.130		.133	
Mental Health Supervisor			.176		.081								.050	
Planning Committee	.050		.059		.054				.091		.043		.050	
Component Heads	.100		.176		.135		.083				.043		.100	
Needs Assessment/Staff	.300				.162		.083		.273		.174		.167	
Parents	.050				.027								.016	
CFDH Package	.050				.027		.083				.043		.033	
Mental Health Facility	.050				.027		.167				.087		.050	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 36

MENTAL HEALTH COORDINATOR

Frequencies, Mean Frequencies, and Proportions

Staff Orientation	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MSW f	Experimental MSW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MSW f	Control MSW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
22719														
A. Who had responsibility of orienting staff/respondent	N=9		N=7		N=16		N=6		N=6		N=12		N=28	
Head Start Director	4	.444	1	.143	5	.313			3	.500	3	.25	8	.286
Mental Health Supervisor	1	.111			1	.063							1	.036
Mental Health Coordinator	3	.333			3	.188	5	.833	4	.667	9	.75	12	.429
Mental Health Worker			7	1.000	7	.438							7	.250
Mental Health Professional	4	.444			4	.250	2	.333	3	.500	5	.417	9	.321
Social Work Coordinator	1	.111			1	.063							1	.036
Regional Training Officer									1	.167	1	.083	1	.036
Total f $\bar{X}f$	13	1.444	8	1.143	21	1.313	7	1.167	11	1.833	18	1.500	39	1.393
A. Who had responsibility of orienting staff/program	N=8		N=6		N=14		N=6		N=5		N=11		N=25	
Head Start Director	3	.375	1	.167	4	.286			2	.4	2	.182	6	.24
Mental Health Supervisor	1	.125			1	.071							1	.04
Mental Health Coordinator	3	.375			3	.214	5	.833	4	.8	9	.818	12	.48
Mental Health Worker			6	1.000	6	.429							6	.24
Mental Health Professional	3	.375			3	.214	2	.333	3	.6	5	.455	8	.32
Social Work Coordinator	1	.125			1	.071							1	.04
Regional Training Officer									1	.2	1	.091	1	.04
Total f $\bar{X}f$	11	1.375	7	1.167	18	1.286	7	1.167	10	2.000	17	1.545	25	1.40
PROPORTIONS	P		P		P		P		P		P		P	
A. Who had responsibility/ respondent	N=13		N=8		N=21		N=7		N=11		N=18		N=39	
Head Start Director	.308		.125		.238				.273		.167		.205	
Mental Health Supervisor	.077				.048								.026	
Mental Health Coordinator	.231				.143		.714		.364		.500		.308	
Mental Health Worker			.875		.333								.179	
Mental Health Professional	.308				.190		.286		.273		.278		.231	
Social Work Coordinator	.077				.048								.026	
Regional Training Officer									.091		.056		.026	
	1.000		1.000		1.000		1.000		1.000		1.000		1.000	
A. Who had responsibility/ program	N=11		N=7		N=18		N=7		N=10		N=17		N=35	
Head Start Director	.273		.143		.222				.200		.118		.171	
Mental Health Supervisor	.091				.056								.029	
Mental Health Coordinator	.273				.167		.714		.600		.529		.343	
Mental Health Worker			.857		.333								.171	
Mental Health Professional	.273				.167		.286		.200		.291		.229	
Social Work Coordinator	.091				.056								.029	
Regional Training Officer									.100		.059		.029	
	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 37

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies and Mean Frequencies = Proportions When Responses per Model = N

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
Staff Orientation	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
22/19														
B. Orientation Meeting as a:/respondent	N=9		N=7		N=17		N=6		N=6		N=12		N=29	
Specific Orientation Meeting	5	.555	2	.25	7	.412	1	.167	3	.500	4	.333	11	.379
Other Agenda Items	3	.333	5	.625	8	.471	5	.833	3	.500	8	.667	16	.552
Both	1	.111	1	.125	2	.118							2	.069
	9	1.000	8	1.000	17	1.000	6	1.000	6	1.000	12	1.000	29	1.000
B. Orientation Meeting as a:/program	N=8		N=6		N=14		N=6		N=8		N=11		N=25	
Specific Orientation Meeting	4	.500	1	.167	5	.357	1	.167	2	.4	3	.273	8	.12
Other Agenda Items	2	.250	3	.500	5	.357	5	.833	2	.4	7	.636	12	.48
Both	2	.250	2	.333	4	.286			1	.2	1	.091	5	.2
	8	1.000	6	1.000	14	1.000	6	1.000	5	1.000	11	1.000	25	1.000
C. How long did orientation sessions last/respondent	N=9		N=8		N=17		N=6		N=6		N=12		N=29	
< 1 hour	1	.111			1	.059	2	.333	1	.167	3	.25	4	.138
1 hour	3	.333	2	.25	5	.294			1	.167	1	.083	6	.207
2 hours	2	.222	3	.375	5	.294	4	.667	2	.333	6	.500	11	.379
3 hours	2	.222	1	.125	3	.176							3	.103
4+ hours	1	.111	2	.250	3	.176			2	.333	2	.167	5	.172
Total f $\bar{X}f$	9	1.000	8	1.000	17	1.000	6	1.000	6	1.000	12	1.000	29	1.400
C. How long did orientation session last/program	N=8		N=6		N=14		N=6		N=5		N=11		N=25	
< 1 hour	1	.125			1	.071	2	.333	1	.200	3	.273	4	.160
1 hour	2	.25	2	.333	4	.286							4	.160
2 hours	2	.25	1	.167	3	.214	4	.667	2	.400	6	.545	9	.360
3 hours	2	.25	3 ($\bar{X}$)	.500	5	.357			1 ($\bar{X}$)	.200	1	.091	6	.240
4+ hours	1	.125			1	.071			1	.200	1	.091	2	.08
Total f $\bar{X}f = P$	8	1.000	6	1.000	14	1.000	6	1.000	5	1.000	11	1.000	25	1.000

Table [redacted]

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies and Mean Frequencies = Proportions When Responses per Model = N

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
Staff Orientation	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
22/19														
D. Concerns expressed by staff/respondent	N=9		N=7		N=16		N=6		N=5		N=11		N=27	
Mental Health or use of term	1	.111	6	.857	7	.438	2	.333	2	.4	4	.364	11	.407
CFMH Project	2	.222	4	.571	6	.375							6	.222
Training/Techniques	2	.222			2	.125	3	.500	2	.4	5	.455	7	.259
Staff roles and Expectations	3	.333	2	.286	5	.313	2	.333			2	.182	7	.259
Mental Health Professional	3	.333	1	.143	4	.25	2	.333			2	.182	6	.222
Children	2	.222			2	.125	1	.167	2	.4	3	.273	5	.185
Parents	3	.333			3	.188			2	.4	2	.182	5	.185
Community Resources and Referrals							2	.333			2	.182	2	.074
Other: Administrative Issues							1	.167			1	.091	1	.037
Function of HS									1	.2	1	.091	1	.037
None	1	.111			1	.063							1	.037
	17	1.889	13	1.857	30	1.875	13	2.167	9	1.800	22	2.000	52	1.926
PROPORTIONS	P		P		P		P		P		P		P	
D. Concerns expressed by staff/respondent	N=17		N=13		N=30		N=13		N=9		N=22		N=52	
Mental Health or use of term	.059		.462		.233		.154		.222		.182		.212	
CFMH Project	.118		.308		.200								.115	
Training/Techniques	.118				.067		.231		.222		.227		.135	
Staff Roles and Expectations	.176		.154		.167		.154				.091		.135	
Mental Health Professional	.176		.077		.133		.154				.091		.115	
Children	.118				.067		.077		.222		.136		.096	
Parents	.176				.100				.222		.091		.096	
Community Resources and Referrals							.154				.091		.038	
Other: Administrative Issues							.077				.045		.019	
Function of HS									.111		.045		.019	
None	.059				.033								.019	
	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 39

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

Parent Orientation	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
23/20														
A. Who had responsibility of orienting parents/ respondent	N=9		N=8		N=17		N=5		N=6		N=11		N=28	
Head Start Director	4	.444			4	.235			4	.667	4	.364	8	.286
Mental Health Supervisor														
Mental Health Coordinator	3	.333			3	.176			1	.167	1	.091	4	.143
Mental Health Worker			8	1.000	8	.471	5	1.000			5	.455	13	.464
Mental Health Professional	6	.667	1	.125	7	.412			2	.333	2	.182	9	.321
Component Coordinator(s)	2	.222			2	.118	1	.200	2	.333	3	.273	5	.179
Teachers	2	.222			2	.118			2	.333	3	.182	4	.143
Center Supervisor	1	.111			1	.059							1	.036
Total f $\bar{X}f$	18	2.000	9	1.125	27	1.588	6	1.200	11	1.833	17	1.55	44	1.571
A. Who had responsibility of orienting parents/ program	N=8		N=6		N=14		N=5		N=6		N=11		N=25	
Head Start Director	3	.375			3	.214			3	.500	3	.273	6	.240
Mental Health Supervisor														
Mental Health Coordinator	3	.375			3	.214			1	.167	1	.091	4	.160
Mental Health Worker			6	1.000	6	.429	5	1.000			5	.455	11	.440
Mental Health Professional	5	.625	1	.167	6	.429			2	.333	2	.182	8	.320
Component Coordinator(s)	2	.250			2	.143	1	.2	2	.333	3	.273	5	.200
Teachers	2	.250			2	.143			2	.333	2	.182	4	.160
Center Supervisor	1	.125			1	.071							1	.040
Total f $\bar{X}f$	16	2.000	7	1.167	23	.643	6	1.2	10	1.667	17	1.545	39	1.560
PROPORTIONS	P		P		P		P		P		P		P	
A. Who had responsibility of orienting parents/ respondent	N=18		N=9		N=27		N=6		N=11		N=17		N=44	
Head Start Director	.222				.148				.364		.235		.182	
Mental Health Supervisor														
Mental Health Coordinator	.167				.111				.091		.059		.091	
Mental Health Worker			.889		.296		.833				.294		.295	
Mental Health Professional	.333		.111		.259				.182		.118		.205	
Component Coordinator(s)	.111				.074		.167		.182		.176		.114	
Teachers	.111				.074				.182		.118		.091	
Center Supervisor	.056				.037								.023	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 40

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

Parent Orientation	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
23/20														
B. How were sessions structured/ respondents	N=9		N=8		N=17		N=5		N=6		N=11		N=28	
Individual sessions	1	.111	3	.375	4	.235	3	.600	2	.333	5	.455	9	.321
small groups	6	.667	5	.625	11	.647	2	.400	3	.500	5	.455	16	.571
large groups	6	.667	2	.250	8	.471	2	.400	3	.500	5	.455	13	.464
Total	13	1.444	10	1.25	23	1.350	7	1.400	8	1.333	15	1.360	38	1.360
B. How were sessions structured/ respondents	N=8		N=6		N=14		N=5		N=4		N=9		N=23	
Individual sessions	1	.125	3	.500	4		3	.600	2	.500	5	.556	9	.391
small groups	6	.750	4	.667	10		2	.400	3	.750	5	.556	15	.652
large groups	5	.625	2	.250	7		2	.400	2	.500	4	.444	11	.478
Total	12	1.500	9	1.500	21		7	1.400	7	1.750	14	1.556	35	1.522
PROPORTIONS	P		P		P		P		P		P		P	
B. How were sessions structured/ respondents	N=13		N=10		N=23		N=7		N=8		N=15		N=38	
Individual sessions	.077		.300		.174		.429		.25		.333		.237	
small groups	.462		.500		.478		.286		.375		.333		.421	
large groups	.462		.200		.348		.286		.375		.333		.342	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
C. When was the orientation given/respondent	N=9		N=8		N=17		N=5		N=6		N=11		N=28	
Before enrollment	1	.111	2	.250	3	.176	1	.200	2	.333	3	.273	6	.214
After enrollment, before school	3	.333	4	.500	7	.412	3	.600	4	.666	7	.636	14	.500
After school began	6	.667	6	.750	12	.706	4	.800	3	.500	7	.636	19	2.375
Total f $\bar{X}f$ = P	10	1.111	12	1.500	22	1.294	8	1.600	9	1.500	17	1.545	39	1.393
C. When was the orientation given/program	N=8		N=6		N=14		N=5		N=4		N=9		N=23	
Before enrollment	1	.125	2	.333	3	.214	1	.200	2	.500	3	.333	6	.261
After enrollment, before school	2	.250	4	.668	6	.429	3	.600	4	1.000	7	.778	13	.565
After school began	6	.750	4	.667	10	.712	4	.800	2	.500	6	.667	16	.696
Total f $\bar{X}f$ = P	9	1.125	10	1.667	19	1.357	8	1.600	8	2.000	16	1.778	35	1.522

Table 41

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

Parent Orientation	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
23/20D. Materials used in orientation/ respondent	N=9		N=7		N=16		N=5		N=6		N=11		N=27	
charts/chalkboard/posters	3	.333	2	.286	5	.313			1	.167	1	.091	6	.222
written handouts	2	.222	6	.857	8	.500	2	.4	4	.668	6	.545	14	.519
written papers	4	.444	1	.143	5	.313	1	.2			1	.091	6	.222
visual aids	5	.556	1	.143	6	.375			3	.500	3	.273	9	.333
discussions/lectures	3	.333	1	.143	4	.250	2	.4	1	.167	3	.273	7	.259
projects									1	.167	1	.091	1	.037
educational toys									1	.167	1	.091	1	.037
Other: Information from books							1	.2			1	.091	1	.037
Individual brought own			1	.143	1	.063			1	.167	1	.091	2	.074
Materials used in CFMH Project	1	.111			1	.063							1	.037
None							1	.2			1	.091	1	.037
Total f $\bar{X}f$	18	2.000	12	1.714	30	1.875	7	1.40	12	2.000	19	1.727	49	1.815
PROPORTIONS	P		P		P		P		P		P		P	
D. Material used in orientation/ respondent	N=18		N=12		N=30		N=8		N=12		N=19		N=49	
charts/chalkboard/posters	.167		.167		.167				.083		.053		.123	
written handouts	.111		.500		.267		.286		.333		.316		.286	
written papers	.222		.083		.167		.143				.053		.123	
visual aids	.278		.083		.200				.250		.158		.184	
discussions/lectures	.167		.083		.133		.286		.083		.158		.143	
projects									.083		.053		.020	
educational toys									.083		.053		.020	
Other: Information from books							.143				.053		.020	
Individual brought own			.083		.033				.083		.053		.041	
Materials used in CFMH Project	.056				.033								.020	
None							.143				.053		.020	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Parent Orientation	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
E. Was the orientation given as a:/respondent	N=9		N=8		N=17		N=5		N=6		N=11		N=28	
Specific sessions	6	.666	3	.375	9	.529	1	.200	2	.333	3	.273	12	.429
Other issues discussed	1	.111	5	.625	6	.353	4	.800	4	.666	8	.727	14	.500
Both	2	.222			2	.118							2	.071
Total f $\bar{X}f$ = P	9	1.000	8	1.000	17	1.000	5	1.000	6	1.000	11	1.000	28	1.000
E. Was the orientation given as a:/program	N=8		N=6		N=14		N=5		N=4		N=9		N=23	
Specific sessions	5	.625	1	.167	6	.429	1	.200	1	.250	2	.222	8	.348
Other issues discussed	1	.125	3	.500	4	.286	4	.800	2	.500	6	.667	10	.435
Both	2	.250	2	.333	4	.286			1	.250	1	.111	5	.217
Total f $\bar{X}f$ = P	8	1.000	6	1.000	14	1.000	5	1.000	4	1.000	9	1.000	23	1.000

Table 42

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control				E & C	
	CR		MHW		Totals		CR		MHW		Totals		Totals	
Parent Orientation	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
23/20 F. Concerns Expressed by Parents	N=9		N=3		N=12		N=4		N=6		N=10		N=22	
Concept of Mental Health									1	.167	1	.100	1	.045
Mental Health Project/ Services	3	.333			3	.25	2	.500	1	.167	3	.300	6	.273
Training Concerns	3	.333			3	.25							3	.136
Mental Health Professional							1	.25			1	.100	1	.045
Children	1	.111			1	.083	1	.25	3	.500	4	.400	5	.227
Parent Problems			2	.667	2	.167	1	.25			1	.100	3	.136
Community Resources/ Referral									1	.167	1	.100	1	.045
None	4	.444	2	.667	6	.500	1	.25	2	.333	3	.300	9	.409
Total f $\bar{X}f$	11	1.222	4	1.333	15	1.25	6	1.50	8	1.333	14	1.400	29	1.318
	P		P		P		P		P		P		P	
F. Concerns Expressed by Parents	N=11		N=4		N=15		N=6		N=8		N=14		N=29	
Concept of Mental Health									.125		.071		.034	
Mental Health Project/ Services	.273				.200		.333		.125		.214		.207	
Training Concerns	.273				.200								.103	
Mental Health Professional							.167				.071		.034	
Children	.091				.067		.167		.375		.286		.172	
Parent Problems			.500		.134		.167				.071		.103	
Community Resources/ Referral									.125		.071		.034	
None	.364		.500		.400		.167		.250		.214		.310	
Totals	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 43

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control						E & C
	CR		MHU		Totals		CR		MHU		Totals		Totals
Parents' Meetings	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f $\bar{X}f$
24/21													
A. Past purpose of Parents' meetings/respondent	N=8		N=8		N=16		N=6		N=7		N=13		N=29
Business meeting	2	.25	4	.5	6	.375	3	.5	2	.286	5	.385	11 .379
CFMH Project/Mental Health Services/Mental Health Staff	1	.125			1	.063	3	.5	1	.143	4	.308	5 .172
Parent involvement in plans for year	3	.375	7	.875	10	.625	3	.5	1	.143	4	.308	14 .483
forum for parents	5	.625	3	.375	8	.500	2	.333	2	.286	4	.308	12 .414
social event	2	.25			2	.125			1	.143	1	.077	3 .103
training/education	2	.25	2	.25	4	.250	1	.167	8	1.143	9	.692	13 .448
classroom involvement	1	.125			1	.063	2	.333	2	.286	4	.308	5 .172
children's problems							2	.333			2	.154	2 .069
resource information			2	.25	2	.125			2	.298	2	.154	4 .138
component information	1	.125	1	.125	2	.125			3	.429	3	.231	5 .172
Other: orientation	1	.125	1	.125	2	.125							2 .069
required by guidelines	1	.125			1	.063							1 .034
Total f $\bar{X}f$	19	2.375	20	2.50	39	2.438	16	2.67	22	3.143	38	2.293	77 2.655
PROPORTIONS	P		P		P		P		P		P		P
A. Past purpose of Parents' meetings/respondent	N=19		N=20		N=39		N=16		N=22		N=38		N=77
Business meeting	.105		.200		.134		.188		.091		.132		.143
CFMH Project/Mental Health Services/Mental Health Staff	.053				.026		.188		.045		.105		.065
Parent involvement in plans for year	.158		.350		.256		.188		.045		.105		.182
forum of parents	.263		.150		.205		.125		.091		.105		.156
social event	.105				.051				.045		.026		.039
training/education	.105		.100		.103		.063		.364		.237		.169
classroom involvement	.053				.026		.125		.091		.105		.065
children's problems							.125				.053		.026
resource information			.100		.051				.091		.053		.052
component information	.053		.05		.051				.136		.079		.065
Other: orientation	.053		.05		.051								.026
required by guidelines	.053				.026								.013
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000

Table 44

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies and Mean Frequencies

Parents' Meetings	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
24/21														
B. Who conducted Parents' Meetings/ respondent	N=8		N=8		N=16		N=6		N=7		N=13		N=29	
Head Start/Center Directors/ Center Supervisor	1	.125	1	.125	2	.125			1	.143	1	.077	3	.103
Mental Health Supervisor														
Mental Health Coordinator	2	.250	1	.125	3	.188	3	.500	1	.143	4	.308	7	.241
Mental Health Worker			4	.500	4	.250							4	.138
Mental Health Professional	5	.625	1	.125	6	.375	1	.167	3	.429	4	.308	10	.345
Head of Parents' councils/ committees	3	.375	3	.375	6	.375			2	.286	2	.154	8	.276
Component Coordinators/staff			2	.250	2	.125	4	.667	3	.429	7	.538	9	.310
Social Worker/Family Workers	2	.250			2	.125	1	.167			1	.077	3	.103
Nutritionist									2	.286	2	.154	2	.069
Teachers/Teachers aides	1	.125	1	.125	2	.125			2	.286	2	.154	4	.138
Parents							2	.333	1	.143	3	.231	3	.103
Outside speakers/organizations									4	.571	4	.308	4	.138
Total f $\bar{X}f$	14	1.750	13	1.625	27	1.688	11	1.833	19	2.714	30	2.308	57	1.966
B. Who conducted Parents' Meetings/ program	N=7		N=6		N=13		N=6		N=5		N=11		N=24	
Head Start/Center Directors/ Center Supervisor	1	.143	1	.167	2	.154			1	.200	1	.091	3	.125
Mental Health Supervisor														
Mental Health Coordinator	2	.286	1	.167	3	.231	3	.500	1	.200	4	.364	7	.292
Mental Health Worker			4	.667	4	.308							4	.167
Mental Health Professional	4	.571	1	.167	5	.385	1	.167	2	.400	3	.273	8	.333
Head of Parents' councils/ committees	3	.429	3	.500	6	.462			2	.400	2	.182	8	.333
Component Coordinators/staff			2	.333	2	.154	4	.667	3	.600	7	.636	9	.375
Social Worker/Family Workers	2	.286			2	.154	1	.167			1	.091	3	.125
Nutritionist									1	.200	1	.091	1	.042
Teachers/Teachers aides	1	.143	1	.167	2	.154			2	.400	2	.182	4	.167
Parents							2	.333	1	.200	3	.273	3	.125
Outside speakers/organizations									4	.800	4	.364	4	.167
Total f $\bar{X}f$	13	1.857	13	2.167	26	2.000	11	1.833	17	3.400	28	2.55	54	2.25

Table 45

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions Where N = Responses per Model

Parents' Meetings	Experimental CR P	Experimental MHW P	Experimental Totals P	Control CR P	Control MHW P	Control Totals P	E & C Totals P
24/21							
B. Who conducted Parents' Meetings/respondent	N=14	N=13	N=27	N=11	N=19	N=30	N=57
Head Start/Center Directors	.071	.077	.074		.053	.033	.053
Mental Health Supervisor							
Mental Health Coordinator	.143	.077	.111	.272	.053	.133	.123
Mental Health Worker		.308	.148				.070
Mental Health Professional	.357	.077	.222	.091	.158	.133	.175
Head of Parents' councils/ committees	.214	.231	.222		.105	.067	.140
Component Coordinators/staff		.154	.074	.364	.158	.233	.158
Social Worker/Family workers	.143		.074	.091		.033	.053
Nutritionist					.105	.067	.035
Teachers/Teachers aides	.071	.077	.074		.105	.067	.070
Parents				.182	.053	.100	.053
Outside speakers/organizations					.211	.133	.070
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
C. Percentage of Parents attending/respondent	N=8		N=8		N=16		N=5		N=7		N=12		N=28	
0 - 25%	5	.625	2	.25	7	.438	5	1.000	2	.286	7	.583	14	.500
26 - 50%			5	.625	5	.313			4	.571	4	.333	9	.321
51 - 75%	2	.25	1	.125	3	.188			1	.143	1	.083	4	.143
76 -100%	1	.125			1	.063							1	.036
Total f $\bar{X}f$	8	1.000	8	1.000	16	1.000	5	1.000	7	1.000	12	1.000	28	1.000
C. Percentage of Parents attending/program	N=7		N=6		N=13		N=5		N=5		N=10		N=23	
0 - 25%	4	.571	2	.333	6	.462	5	1.000	1	.2	6	.6	12	.522
26 - 50%	1 ($\bar{X}$)	.143	3	.500	4	.308			4 ($\bar{X}$)	.8	4	.4	8	.348
51 - 75%	1	.143	1	.167	2	.154							2	.087
76 -100%	1	.143			1	.077							1	.043
Total f $\bar{X}f$	7	1.000	6	1.000	13	1.000	5	1.000	5	1.000	10	1.000	23	1.000

Table 46

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies and Mean Frequencies

Parents' Meetings	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
24/21 D. Topics Discussed at Meetings/ respondent	N=8		N=7		N=15		N=6		N=7		N=13		N=28	
Individual adult problems/ issues	5	.625	1	.143	6	.4	1	.167	1	.143	2	.154	8	.286
Parenting	4	.5	1	.143	5	.333	1	.167			1	.177	6	.214
Understanding self and others	4	.5	1	.143	4	.267	1	.167			1	.077	5	.179
Family problems/development			3	.429	3	.2	3	.5	1	.143	4	.308	7	.25
Prevention and Treatment of Problems	1	.125			1	.067	1	.167	2	.286	3	.231	4	.143
Social/Crafts etc.	2	.25	3	.429	5	.333			1	.143	1	.077	6	.214
Business/Center Operation			3	.429	3	.2	3	.5	2	.286	5	.385	8	.286
Parent involvement in planning activities for year	1	.125	1	.143	2	.133	1	.167	3	.429	4	.308	6	.214
Head Start Component/ Head Start Program			1	.143	1	.067	1	.167	5	.714	6	.462	7	.25
CFMH/Mental Health Services/ Mental Health/ MH staff	2	.25	3	.429	5	.333	3	.5	2	.286	5	.385	10	.357
Mental Health activities in classroom	2	.25			2	.133	1	.167			1	.077	3	.107
Classroom curriculum	1	.125	1	.143	2	.133	1	.167	1	.143	2	.154	4	.143
Child development issues	5	.625	8	1.143	13	.867	1	.167	5	.714	6	.462	19	.677
Parenting (child) techniques	6	.75	5	.714	11	.733	1	.167	3	.429	4	.308	15	.536
Physical health and safety			6	.857	6	.4			9	1.286	9	.692	15	.536
Workshops/training-time with staff	3	.375	2	.286	5	.333							5	.179
Other: crime	1	.125			1	.067							1	.036
budgeting	1	.125	1	.143	2	.133			1	.143	1	.077	3	.107
weatherization			1	.143	1	.067							1	.036
community resources									2	.286	2	.154	2	.071
Total f $\bar{X}f$	38	4.75	41	5.857	78	5.2	19	3.167	38	5.426	57	4.385	135	4.821

Table 47

MENTAL HEALTH COORDINATOR

FALL 1980

PROPORTIONS

Parents' Meetings	Experimental CR	Experimental MHW	Experimental Totals	Control CR	Control MHW	Control Totals	E & C Totals
	P	P	P	P	P	P	P
24/21 D. Topics Discussed at Meetings/ respondent	N=38	N=41	N=78	N=19	N=38	N=57	N=135
Individual adult problems/ issues	.132	.024	.077	.053	.026	.035	.059
Parenting	.105	.024	.064	.053		.018	.044
Understanding self and others	.105	.024	.051	.053		.018	.037
Family problems/development		.073	.038	.158	.026	.070	.052
Prevention and Treatment of Problems	.026		.013	.053	.053	.053	.030
Social/Crafts etc.	.053	.073	.064		.026	.018	.044
Business/Center Operation		.073	.038	.158	.053	.088	.059
Parent involvement in planning activities for year	.026	.024	.026	.053	.079	.070	.044
Head Start Component/ Head Start Program		.024	.013	.053	.132	.105	.052
CFMH/Mental Health Services/ Mental Health/MH staff	.053	.073	.064	.158	.053	.088	.074
Mental Health activities in classroom	.053		.026	.053		.018	.022
Classroom curriculum	.026	.024	.026	.053	.026	.035	.030
Child development issues	.132	.195	.167	.053	.132	.105	.141
Parenting (child) techniques	.158	.122	.141	.053	.079	.053	.111
Physical health and safety		.146	.077		.237	.158	.111
Workshops/training-time with staff	.079	.049	.064				.037
Other: crime	.026		.013				.007
budgeting	.026	.024	.026		.026	.018	.022
weatherization		.024	.013				.007
community resources					.053	.035	.015
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 48

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control					
	CR		MHW		Totals		CR		MHW		Totals		E & C Totals	
Parents' Meetings	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
24/21														
E. Concerns expressed by Parents' at meetings/respondent	N=8		N=6		N=14		N=4		N=7		N=11		N=25	
CFMH Project/ Mental Health Services	1	.125	1	.167	2	.143	1	.25	1	.143	2	.182	4	.16
Mental Health Professionals/ facility			1	.167	1	.071	1	.25	1	.143	2	.182	3	.12
Mental Health term(s)	2	.250	1	.167	3	.214							3	.12
Community acceptance of problems									1	.143	1	.091	1	.04
Concerns about children			3	.500	3	.214	3	.75	3	.429	6	.545	9	.36
Family problems			2	.333	2	.143	2	.50			2	.182	4	.16
Community resources/referrals							1	.25			1	.091	1	.04
Others: How to get parents involved			1	.167	1	.071							1	.04
Extra travel			1	.167	1	.071							1	.04
Benefits for parents	1	.125			1	.071							1	.04
None	6	.750	3	.500	9	.643			3	.429	3	.273	12	.48
Total f $\bar{X}f$	10	1.250	13	2.167	23	1.643	8	2.00	9	1.286	17	1.545	40	1.60
PROPORTIONS	P		P		P		P		P		P		P	
E. Concerns expressed by Parents' at meetings/respondent	N=10		N=13		N=23		N=8		N=9		N=17		N=40	
CFMH Project/ Mental Health Services	.100		.077		.087		.125		.111		.118		.100	
Mental Health Professionals/ facility			.077		.043		.125		.111		.118		.375	
Mental Health term(s)	.200		.077		.130								.075	
Community acceptance of problems									.111		.059		.025	
Concerns about children			.231		.130		.375		.333		.353		.225	
Family problems			.154		.087		.250				.118		.100	
Community resources/referrals							.125				.059		.025	
Others: How to get parents involved			.077		.043								.025	
Extra travel			.077		.043								.025	
Benefits for parents	.100				.043								.025	
None	.600		.231		.391				.333		.176		.300	
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000	

Table 49

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies, and Proportions

	Experimental						Control						E & C
	CR		MAW		Totals		CR		MAW		Totals		Totals
Parent Training	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f $\bar{X}f$
25/22													
A. Goals of Parent training/ respondent	N=9		N=8		N=17		N=6		N=6		N=		N=29
Provide w/socio-emotional skills	6	.667	4	.5	10	.588	1	.167	3	.5	4	.333	14 .483
Help with problems	5	.556	1	.125	6	.353	2	.333			2	.167	8 .276
Improve family life	5	.556			5	.294	3	.5			3	.25	8 .276
Mutual support/create groups	4	.444	2	.25	6	.353			1	.167	1	.083	7 .241
Educate in child development	5	.556	2	.25	7	.412	6	1.0	2	.333	8	.667	15 .517
Provide information on CFMH/ Mental Health Services/ Mental Health	1	.111	2	.25	3	.176	1	.167	1	.167	1	.083	4 .138
Socializing	3	.333			3	.176							3 .103
Information sharing	2	.222	1	.125	3	.176	2	.333	2	.333	4	.333	7 .241
Make aware of CR			1	.125	1	.059	2	.333	2	.333	4	.333	5 .172
Parent involvement			4	.5	4	.235			1	.167	1	.083	5 .172
Orientation to Head Start Program/Staff			2	.25	2	.118			1	.167	1	.083	3 .103
Total f $\bar{X}f$	31	3.444	19	2.375	50	2.941	16	2.667	13	2.167	29	2.417	79 2.724
PROPORTIONS	P		P		P		P		P		P		P
A. Goals of Parent training/ respondent	N=31		N=19		N=50		N=16		N=13		N=29		N=79
Provide w/socio-emotional skills	.194		.211		.2		.063		.231		.138		.177
Help with problems	.161		.053		.12		.125				.069		.101
Improve family life	.161				.1		.188				.103		.101
Mutual support/create groups	.129		.105		.12				.077		.034		.089
Educate in child development	.161		.105		.14		.375		.154		.276		.190
Provide information on CFMH/ Mental Health Services/ Mental Health	.032		.105		.06				.077		.034		.051
Socializing	.097				.06								.038
Information sharing	.065		.053		.06		.125		.154		.138		.089
Make aware of CR			.053		.02		.125		.154		.138		.063
Parent involvement			.211		.08				.077		.034		.063
Orientation to Head Start Program/Staff			.105		.02				.077		.034		.038
Total	1.000		1.000		1.000		1.000		1.000		1.000		1.000

Table 50

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies, Mean Frequencies = F When N = Responses per Model

	Experimental						Control				E & C	
	CR		MHW		Totals		CR		MHW		Totals		Totals	
Parents' Training	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
25/22														
B. Was Parent training specifically a:/respondent	N=9		N=8		N=17		N=6		N=6		N=12		N=29	
CFMH activity	8	.889	4	.5	12	.706	3	.5	1	.167	4	.333	16	.552
Larger training	1	.111	2	.25	3	.176	3	.5	4	.667	7	.583	10	.345
Both			2	.25	2	.118			1	.167	1	.083	3	.103
Total f $\bar{X}f$	9	1.000	8	1.000	17	1.000	6	1.000	6	1.000	12	1.000	29	1.000
B. Was Parent training specifically a:/program	N=8		N=6		N=14		N=6		N=5		N=11		N=25	
CFMH activity	7	.875	3	.5	10	.714	3	.5	1	.2	4	.364	14	.56
Larger training	1	.125	1	.167	2	.143	3	.5	3	.6	6	.545	8	.276
Both			2	.333	2	.143			1	.2	1	.091	3	.12
Total	8	1.000	6	1.000	14	1.000	6	1.000	5	1.000	11	1.000	25	1.000
D. How many training sessions/ respondent	N=9		N=7		N=16		N=6		N=6		N=12		N=28	
one			2	.286	2	.125	1	.167	1	.167	2	.167	4	.143
two			1	.143	1	.063	2	.333			2	.167	3	.107
three							1	.167			1	.083	1	.036
four									1	.167	1	.083	1	.036
five +	9	1.000	4	.571	13	.813	2	.333	4	.667	6	.5	19	.679
Total f $\bar{X}f$	9	1.000	7	1.000	16	1.000	6	1.000	6	1.000	12	1.000	28	1.000
D. How many training sessions/ program	N=8		N=5		N=13		N=6		N=5		N=11		N=24	
one			1	.2	1	.077	1	.167			1	.091	2	.083
two			1	.2	1	.077	2	.333			2	.182	3	.125
three			1 ($\bar{X}$)	.2	1	.077	1	.167	1 ($\bar{X}$)	.2	2	.182	3	.125
four									1	.2	1	.091	1	.042
five +	8	1.000	2	.4	10	.769	2	.333	3	.6	5	.455	15	.625
Total	8	1.000	5	1.000	13	1.000	6	1.000	5	1.000	11	1.000	24	1.000

Table 51

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies and Mean Frequencies

Parent Training	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
25/22														
C. Who conducted training/ respondent	N=9		N=8		N=17		N=6		N=6		N=12		N=29	
Head Start Director/ Center Directors			1	.125	1	.059	1	.167			1	.083	2	.069
Mental Health Supervisor			2	.25	2	.118							2	.069
Mental Health Coordinator	2	.222	4	.5	6	.353	4	.667			4	.333	10	.345
Mental Health Worker			8	1.0	8	.471							8	.276
Mental Health Professionals	6	.667	2	.5	8	.471	2	.333	4	.667	6	.5	14	.483
Social Worker /Case Worker	3	.333			3	.176			1	.167	1	.083	4	.138
Component Coordinators			5	.625	5	.294	1	.167	4	.667	5	.417	10	.345
Teachers/Teacher aides	1	.111	1	.125	2	.118	2	.333	1	.167	3	.25	5	.172
Other staff: administrative, cooks, parents			1	.125	1	.059	1	.167	1	.167	2	.167	3	.103
Total f $\bar{X}f$	12	1.333	24	3.000	36	2.118	11	1.834	11	1.833	22	1.833	58	2.000
C. Who conducted training/ program	N=8		N=6		N=14		N=6		N=6		N=12		N=26	
Head Start Director/ Center Directors			1	.167	1	.071	1	.167			1	.083	2	.077
Mental Health Supervisor			1	.167	1	.071							1	.038
Mental Health Coordinator	2	.25	4	.667	6	.429	4	.667			4	.333	10	.385
Mental Health Worker			6	1.0	6	.429							6	.231
Mental Health Professionals	5	.625	1	.167	6	.429	2	.333	3	.5	5	.417	11	.423
Social Worker/Case Worker	3	.375			3	.214			1	.167	1	.083	4	.154
Component Coordinators			4	.667	4	.286	1	.167	4	.667	5	.417	9	.346
Teachers/Teacher aides	1	.125	1	.167	2	.143	2	.333	1	.167	3	.25	5	.192
Other staff: administrative, cooks, parents			1	.167	1	.071	1	.167	1	.167	2	.167	3	.115
Total f $\bar{X}f$	11	1.375	19	3.167	30	2.143	11	1.833	10	1.667	21	1.75	51	1.962

Table 52

MENTAL HEALTH COORDINATOR

FALL 1980

PROPORTIONS

Parent Training	Experimental CR	Experimental MHW	Experimental Totals	Control CR	Control MHW	Control Totals	E & C Totals
	P	P	P	P	P	P	P
25/22 C. Who conducted training/ respondent	N=12	N=24	N=36	N=11	N=11	N=22	N=58
Head Start Directors/ Center Directors		.042	.028	.091		.045	.034
Mental Health Supervisor		.083	.056				.034
Mental Health Coordinator	.167	.167	.167	.364		.182	.172
Mental Health Worker		.333	.222				.138
Mental Health Professionals	.5	.083	.222	.182	.364	.273	.241
Social Worker / Case Worker	.25		.083		.091	.045	.069
Component Coordinators		.208	.139	.091	.364	.227	.172
Teachers/Teacher aides	.083	.042	.056	.182	.091	.136	.086
Other staff: administrative, cooks, parents		.042	.028	.091	.091	.091	.052
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 53

MENTAL HEALTH COORDINATOR

FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C
	CR		MHW		Totals		CR		MHW		Totals		Totals
Parent Training	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f $\bar{X}f$
25/22 E. Topics covered in training/ respondent	N=8		N=6		N=14		N=6		N=6		N=12		N=26
Parenting	1	.125	3	.5	4	.286	2	.333	1	.167	3	.25	7 .269
Parenting (child) techniques	4	.5	2	.333	6	.429			2	.333	2	.167	8 .307
Individual adult problems	5	.625	1	.167	6	.429	6	1.0			6	.50	12 .462
General child development	4	.5	3	.5	7	.5	4	.667	2	.333	6	.50	13 .50
Specific child development issues	3	.375	2	.333	5	.357	6	1.0	4	.667	10	.833	15 .576
Child management	5	.625	3	.5	8	.571	3	.5	4	.667	7	.583	15 .576
Family development/problems	1	.125	2	.333	3	.214	1	.167			1	.083	4 .154
Self-improvement techniques	2	.25	2	.333	4	.286	1	.167	1	.167	2	.167	6 .231
Understanding self and others	6	.75			6	.429			1	.167	1	.083	7 .269
Social/crafts	3	.375	3	.5	6	.429							6 .231
Prevention & treatment of emotional problems	1	.125			1	.071	1	.167	2	.333	3	.25	4 .154
Physical health & safety	1	.125	2	.333	3	.214			8	1.333	8	.667	11 .423
Classroom curriculum			2	.333	2	.143			2	.333	2	.167	4 .154
Consumer Education			1	.167	1	.071	1	.167	2	.333	3	.25	4 .154
Community Resources/Referrals			2	.333	2	.143	1	.167	1	.167	2	.167	4 .154
Budgeting	1	.125			1	.071			1	.167	1	.083	2 .077
Mental Health (general)			1	.167	1	.071			1	.167	1	.083	2 .077
Head Start services available			1	.167	1	.071							1 .083
Other: Housing - jobs - income tax - etc.	2	.25	1	.167	3	.214	1	.167	2	.333	3	.25	6 .231
Total f $\bar{X}f$	39	4.875	31	5.167	70	5.000	27	4.5	34	5.667	61	5.083	131 5.083

Table 54

MENTAL HEALTH COORDINATOR

FALL 1980

Proportions, N = Number of Responses per Model

Parent Training	Experimental CR P	Experimental MHW P	Experimental Totals P	Control CR P	Control MHW P	Control Totals P	E & C Totals P
25/22							
E. Topics covered in training/ respondent	N=39	N=31	N=70	N=27	N=34	N=61	N=131
Parenting	.026	.097	.057	.074	.029	.049	.053
Parenting (child) techniques	.103	.065	.086		.059	.033	.061
Individual adult problems	.128	.032	.086	.222		.098	.092
General child development	.103	.097	.1	.148	.059	.098	.099
Specific child development issues	.077	.065	.071	.222	.118	.164	.115
Child management	.128	.097	.114	.111	.118	.115	.115
Family development/problems	.026	.065	.043	.037		.016	.031
Self-improvement techniques	.051	.065	.057	.037	.029	.033	.046
Understanding self and others	.154		.086		.029	.016	.053
Social/crafts	.077	.097	.086				.046
Prevention & treatment of emotional problems	.026		.014	.037	.059	.049	.031
Physical health & safety	.026	.065	.043		.235	.131	.084
Classroom curriculum		.065	.029		.059	.033	.031
Consumer Education		.032	.014	.037	.059	.049	.031
Community Resources/Referrals		.065	.029	.037	.029	.033	.031
Budgeting	.026		.014		.029	.016	.015
Mental Health (general)		.032	.014		.029	.016	.015
Head Start services available		.032	.014				.008
Other: Housing - jobs - income tax-Ctr. business Topics of interest	.051	.032	.043	.037	.059	.049	.046
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 55

MENTAL HEALTH PROVIDER
FALL 1980

Frequencies and Mean Frequencies

POSITIVE ATTITUDES	Experimental CR f	Experimental CR $\bar{X}f$	Experimental MHW f	Experimental MHW $\bar{X}f$	Experimental Totals f	Experimental Totals $\bar{X}f$	Control CR f	Control CR $\bar{X}f$	Control MHW f	Control MHW $\bar{X}f$	Control Totals f	Control Totals $\bar{X}f$	E & C Totals f	E & C Totals $\bar{X}f$
15/10 Activities Used to Develop Positive Attitudes toward Mental Health among Parents/respondents	N=21		N=11		N=32		N=6		N=10		N=16		N=48	
Parent Education/Training	21	1.000	7	.636	28	.875	5	.833	9	.900	14	.875	42	.875
Parents' Groups/Meetings	7	.333			7	.219	1	.167	2	.200	3	.188	10	.208
Family social events	3	.143			3	.094							3	.063
Supportive Consultations/Personal Interactions	4	.190	5	.455	9	.281	8	1.333	6	.600	14	.875	23	.479
Orientation to Mental Health	10	.476			10	.312			1	.100	1	.063	11	.229
Parent Involvement (in Panel/Policy Council/Decisions/Topic Selection)			2	.182	2	.063			1	.100	1	.063	3	.063
Written Materials/Films/Kits	3	.143			3	.094	1	.167	1	.100	2	.125	5	.104
Special Techniques	2	.095			2	.063							2	.042
General Approaches	6	.286	5	.455	11	.344	5	.833	5	.500	10	.625	21	.438
Home Visits	4	.190	2	.182	6	.188	3	.500	1	.100	4	.250	10	.208
Community Directories/Referrals	2	.095			2	.063	2	.333	2	.200	4	.250	6	.125
Rapport Building between Parents and Consultants/Staff	13	.619			13	.406			3	.300	3	.188	16	.333
Other: Transportion to Meetings, Staff Meetings, Speakers Open to Entire Community	1	.048			1	.031			3	.300	3	.188	4	.083
Nothing							1	.167			1	.063	1	.021
Totals	76	3.619	21	1.909	97	3.031	26	4.333	34	3.400	60	3.750	157	3.271

Table 56

MENTAL HEALTH PROVIDER

FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			E & C
	CR	MHW	Totals	CR	MHW	Totals	Totals
POSITIVE ATTITUDES	P	P	P	P	P	P	P
15/10 Activities Used to Develop Positive Attitudes toward Mental Health among Parents/respondents	N=76	N=21	N=97	N=26	N=34	N=60	N=157
Parent Education/Training	.276	.333	.289	.192	.265	.233	.263
Parents' Groups/Meetings	.092		.072	.038	.059	.050	.064
Family Social Events	.039		.031				.019
Supportive Consultations/Personal Interactions	.053	.238	.093	.308	.176	.233	.146
Orientation to Mental Health	.132		.103		.029	.017	.070
Parent Involvement (in Panel/Policy Council/Decisions/Topic Selection)		.095	.021		.029	.017	.019
Written Material/Films/Kits	.039		.031	.038	.029	.033	.032
Special Techniques	.026		.021				.013
General Approaches	.079	.238	.113	.192	.147	.167	.134
Home-Visits	.053	.095	.062	.115	.029	.067	.064
Community Directories/Referrals	.026		.021	.077	.059	.067	.038
Rapport Building between Parents and Consultants/Staff	.171		.134		.088	.050	.102
Other: Transportion to Meetings, Staff Meetings, Speakers Open to Entire Community	.013		.010		.088	.050	.025
Nothing				.038		.017	.006
Totals	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 57

MENTAL HEALTH PROVIDER
FALL 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
POSITIVE ATTITUDES	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
16/11 Specific Activities Used to Develop Positive Attitudes toward Mental Health Services among Staff/ respondent	N=23		N=6		N=29		N=9		N=11		N=20		N=49	
Staff Training	11	.478	6	1.000	17	.586	8	.889	9	.818	17	.850	34	.694
Staff Meetings/Mental Health Personel at Meetings	2	.087			2	.069							2	.041
Classroom Observations	2	.087	1	.167	3	.103	1	.111			1	.050	4	.082
Family Social Events									1	.091	1	.050	1	.082
Consultations/Personal Interaction with Mental Health Provider	3	.130	3	.500	6	.207	8	.889	3	.273	11	.550	17	.347
Staff Participation	2	.087			2	.069							2	.041
General Approaches	5	.217			5	.172	3	.333	8	.272	11	.550	16	.327
Specific Techniques	8	.348	1	.167	9	.310	1	.111	1	.091	2	.100	11	.224
Orientation to Mental Health	5	.217	1	.167	6	.207	2	.222			2	.100	8	.163
Mental Health Providers Available	3	.130			3	.103							3	.061
Informing Staff							3	.333	5	.455	8	.400	8	.163
Materials - Films	5	.217			5	.172	1	.111			1	.050	6	.122
Rapport between Consultants and Staff	10	.435			10	.345	3	.333			3	.150	13	.265
Other: Good Relationship with Local School Programs Noncompetitive Game between Parent & Child Meeting between Parents & Staff	2	.087	1	.167	3	.103			1	.091	1	.050	4	.082
Totals	58	2.522	13	2.167	71	2.448	30	3.333	28	2.455	58	2.900	129	2.632

Table 58

MENTAL HEALTH PROVIDER
FALL 1980

Proportions, N = Number of Responses per Model

	Experimental			Control			
	CR	MHW	Totals	CR	MHW	Totals	E & C Totals
POSITIVE ATTITUDES	P	P	P	P	P	P	P
16/11 Specific Activities Used to Develop Positive Attitudes toward Mental Health Services among Staff/ respondent	N=58	N=13	N=71	N=30	N=28	N=58	N=129
Staff Training	.190	.462	.239	.267	.321	.293	.263
Staff Meetings/Mental Health Personal at Meetings	.034		.028				.016
Classroom Observations	.034	.077	.042	.033		.017	.031
Family Social Events					.036	.017	.007
Consultations/Personal Interaction with Mental Health Provider	.052	.231	.085	.267	.107	.190	.132
Staff Participation	.034		.028				.016
General Approaches	.086		.070	.100	.286	.190	.124
Specific Techniques	.138	.077	.127	.033	.036	.034	.086
Orientation to Mental Health	.086	.077	.085	.067		.034	.062
Mental Health Providers Available	.052		.042				.023
Informing Staff				.100	.179	.138	.062
Materials - Films	.086		.070	.033		.017	.047
Rapport between Consultants and Staff	.172		.141	.100		.052	.101
Other: Good Relationship with Local School Programs Noncompetitive Game between Parent & Child Meeting between Parents & Staff	.034	.077	.042		.036		.031
Totals	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Table 39

MENTAL HEALTH PROVIDER
Fall 1980

Frequencies and Mean Frequencies

	Experimental						Control						E & C Totals	
	CR		MHW		Totals		CR		MHW		Totals			
	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$	f	$\bar{X}f$
11/9/8 Which Types of Services Provided by Provider	N=24		N=6		N=30		N=13		N=10		N=23		N=53	
Psychological Testing/Academic	5	.208			5	.167	9	.692	5	.500	14	.609	19	.358
Orientation of Parents to CFMH/ Mental Health Services	16	.667	5	.833	21	.700	6	.462	8	.800	14	.609	35	.660
Orientation of Staff to CFMH/ Mental Health Services	19	.792	5	.833	24	.800	8	.615	8	.800	16	.696	40	.755
Treatment/Therapy	11	.458	2	.333	13	.433	7	.538	5	.500	12	.522	25	.472
Inservice Training to Staff	18	.750	6	1.000	24	.800	11	.846	8	.800	19	.826	43	.811
Counseling Parents	15	.625	6	1.000	21	.700	7	.538	4	.400	11	.478	32	.604
Training Parents	16	.667	4	.667	20	.667	6	.462	6	.600	12	.522	32	.604
Classroom Observation	20	.833	6	1.000	26	.867	11	.846	7	.700	18	.783	44	.830
Consultation to Teachers	20	.833	6	1.000	26	.867	13	1.000	8	.800	21	.913	47	.887
Consultation to Head Start Staff	18	.750	6	1.000	24	.800	12	.923	6	.600	18	.783	42	.792
Liaison with Other Community Resources							9	.692			9	.391	9	.170
Other: Work with Developmental Lag/Handicapped Children	2	.083			2	.067							2	.038
Affective Program with Children	1	.042			1	.033			2	.200	2	.087	3	.057
Interaction with Children	1	.042			1	.033			1	.100	1	.043	2	.038
Work with Parents	2	.083			2	.067			2	.200	2	.087	4	.075
Development of Resources	1	.042			1	.033							1	.019
Crisis	1	.042	1	.167	2	.067							2	.038
Extracurricular/Transportation	2	.083			2	.067							2	.038
Home Visits			2	.333	2	.067							2	.038
Educational Testing							1	.077			1	.043	1	.019
Developmental Referral									1	.100	1	.043	1	.019
Grantee									1	.100	1	.043	1	.019
Total f $\bar{X}f$	168	7.000	49	8.167	217	7.233	100	7.692	72	7.200	172	7.478	389	7.340

Table 60

MENTAL HEALTH PROVIDER
FALL 1980

Proportions

	Experimental			Control			
	CR	MHW	Totals	CR	MHW	Totals	E & C Totals
	P	P	P	P	P	P	P
11/9/8 Which Types of Services Provided by Provider	N=168	N=49	N=217	N=100	N=72	N=172	N=389
Psychological Testing/Academic	.030		.023	.090	.069	.081	.049
Orientation of Parents to CFMH/ Mental Health Services	.095	.102	.097	.060	.111	.081	.090
Orientation of Staff to CFMH/ Mental Health Services	.113	.102	.111	.080	.111	.093	.103
Treatment/Therapy	.065	.041	.060	.070	.069	.070	.064
Inservice Training to Staff	.107	.122	.111	.110	.111	.110	.111
Counseling Parents	.089	.122	.097	.070	.056	.064	.082
Training Parents	.095	.082	.092	.060	.083	.070	.082
Classroom Observation	.119	.122	.120	.110	.097	.105	.113
Consultation to Teachers	.119	.122	.120	.130	.111	.122	.121
Consultation to Head Start Staff	.107	.122	.111	.120	.083	.105	.108
Liaison with Other Community Resources				.090		.052	.023
Other: Work with Children, Parents, etc.	.060	.061	.060	.001	.097	.047	.054
Total	1.000	1.000	1.000	1.000	1.000	1.000	1.000

APPENDIX B

Impact Data Tables

Table 1

Kohn Social Competence Scale for Teachers

Factor Loadings for Transformed Scores

Item		Factor Loading
	Factor I **Anger-Defiance** **(66.7% of the Total Variance)**	
47.	Child is quarrelsome	.795
39.	Child is hostile or aggressive with other children, for instance: pushes, taunts, bullies, etc.	.779
58.	Child disrupts activities of others	.742
49.	Child is bossy and dominating with other children	.728
43.	Child takes possession of other children's equipment without their permission	.726
24.	Child rebels physically, for example: has temper tantrums, hits, kicks, etc.	.685
33.	Child actively defies teacher's rules and regulations	.684
35.	Child expresses open defiance against authority	.684
52.	Child prevents other children from carrying out routines	.679
56.	Child is unwilling to play with other children except on his/her own terms	.631
11.	Child frowns, shrugs shoulders, pouts or stamps foot when suggestion is made by teacher	.617
41.	Child has to be a leader in order to participate in activities with other children	.600
27.	Child cooperates with rules and regulations	-.577*
30.	Child reacts negatively to teacher's ideas and suggestions for play activities	.560
15	Child is unwilling to carry out reasonable suggestions from teacher even when having difficulty	.531*
61.	Child seeks adult aid for each step of activity	.530
3.	Child easily loses interest and flits from one activity to another	.451*
55.	Child puts things away carefully	-.440
7.	When making a change from one activity to another, child resists entering the new activity	.424*
21.	Child gives the appearance of complying with teacher's suggestions, but does not do suggested activity	.419
2.	Child seeks adult attention by crying	.403*
19.	Child can accept teacher's ideas and suggestions for play or ways of playing	-.403*
28.	Child dawdles when required to do something	.393*
57.	Child responds well when the activity is planned or directed by the teacher	-.392
17.	Child hits teacher	.389
64.	Child has trouble keeping to the rules of the game (Disregard when child does not know or understand rules, N/A = 8)	.388
14.	Other Children seem unwilling to play with this child	.380*
9.	Child responds with immediate compliance to teacher's direction	-.375*
45.	Child is open to the ideas and suggestions of other children	-.365*
46.	Child is responsible in following through on routines, for example: getting dressed or undressed, washing hands, etc.	-.363*
4.	Child is responsible in carrying out requests and directions	-.348*
37.	Child easily makes the change from one activity to the next	-.344*
60.	Child can participate actively in structured activities as well as free-play types of activities	-.325**
13.	Excessive praise and encouragement from teacher is required for child to participate in activities	.323*

Table 1 (continued)

Kohn Social Competence Scale for Teachers

Factor Loadings for Transformed Scores

Item	Factor	Factor Loading
	Factor II Competence (22.8% of the Total Variance)	
34.	Child can give ideas to other children as well as go along with their ideas	.736
12.	Other children copy this child's ideas for play	.693
53.	Child succeeds in getting others interested in what he/she is doing	.688
23.	Child's ideas have impact on many children in the classroom	.684
16.	Child feels comfortable enough with other children to be able to express his/her own desires or opinions	.639*
20.	Child gets willing cooperation from most other children	.609
6.	Child adds freely (verbally or nonverbally) to teacher's suggestions	.592
10.	Child shows enthusiasm about work or play	.591*
25.	Child easily gets attention of other children	.587
1.	Child seems eager to try new things	.580*
45.	Child is open to the ideas and suggestions of other children	.569*
29.	In play with other children, child can shift between leading and following, depending on the situation	.564
48.	Child can communicate his/her needs to the teacher	.560
63.	Child can be independent of adult in having ideas about activities or about planning activities	.546*
19.	Child can accept teacher's ideas and suggestions for play or ways of playing	.534*
60	Child can participate actively in structured activities as well as free-play type of activities	.327**
51	Child can remain alert and interested in an activity	.303*
40.	Child can be independent of adult in overcoming difficulties with other children or activities	.480
37.	Child easily makes the change from one activity to the next	.480*
4.	Child is responsible in carrying out requests and directions	.468*
9.	Child responds with immediate compliance to teacher's direction	.467*
32.	Child is willing to turn to other children for help and assistance	.466
57.	Child responds well when the activity is planned or directed by the teacher	.465*
38.	Child seems to enjoy both play with others and by him/herself	.458
46.	Child is responsible in following through on routines, for example: getting dressed or undressed, washing hands, etc.	.394
27.	Child cooperates with rules and regulations	.349*

Table 1 (continued)

Kohn Social Competence Scale for Teachers

Factor Loadings for Transformed Scores

Item	Factor	Factor Loading
	Factor III **Withdrawal-Apathy** **(6.1% of the Total Variance)**	
18.	Child is fearful in approaching other children	.587
8.	Child shies away and withdraws when approached by other children	.573
50.	Child spends time sitting around, looking around, or wandering around aimlessly	.555
62.	Child easily gives up when confronted with a difficulty	.553
59.	Child seeks adult aid for each step of activity	.548
26.	Child has difficulty defending his/her own rights with other children	.544
36.	Child appears at a loss in unstructured free-play types of activities	.518
22.	Child is bossed and dominated by other children	.515
13.	Excessive praise and encouragement from teacher is required for child to participate in activities	.496*
54.	Child shows interest in only a few types of things	.487
44.	Child demonstrates little interest in things and activities	.464
42.	Child participates in a half-hearted way	.443
31.	Child is unable to occupy himself without other children directing activities for him	.441
28.	Child dawdles when required to do something	.435*
10.	Child shows enthusiasm about work or play	.396*
3.	Child easily loses interest and flits from one activity to another	.361*
16.	Child feels comfortable enough with other children to be able to express his/her own desires or opinions	-.351*
51.	Child can remain alert and interested in an activity	-.351*
1.	Child seems eager to try new things	-.340*
2.	Child seeks adult attention by crying	.351*
7.	When making a change from one activity to another, child resists entering the new activity	.330*
14.	Other children seem unwilling to play with this child	.325*
15.	Child is unwilling to carry out reasonable suggestions from teacher even when having difficulty	.320*
60.	Child can participate actively in structured activities as well as free-play type of activities	-.314**
63.	Child can be independent of adult in having ideas about activities or about planning activities	-.314*

4.1% of the variance was in Factor IV, the Compliance Factor, but it was deleted because its items were all in the first three factors.

Table 2 (continued)

Kohn Social Competence Scale for Parents

Factor Loadings for Transformed Scores (Z)

Item	Factor	Factor Loading
	Factor II **Competence** **(23.4% of the Total Variance)**	
32.	____ can give ideas to other children as well as go along with their ideas	.566
49.	____ can get other children interested in what he/she is doing	.563
21.	Other children listen to ____'s ideas	.481
27.	____ likes to be the leader with other children but he/she can also be a follower	.454
36.	____ enjoys both play with others and by himself	.437
14.	____ feels comfortable enough with other children so that he/she says what he/she wants	.437
43.	____ listens to the ideas of other children	.437
23.	____ easily gets attention of other children	.433
11.	Other children copy ____'s ideas for play	.427
18.	Other children cooperate with ____ in playing together	.424
53.	____ responds well when you plan the activity	.386*
30.	When ____ needs help, he/she will ask other children to help him/her	.370
1.	____ is eager to try new things	.364
58.	____ can keep him/herself busy without needing your help	.358
46.	When ____ needs something he tells you	.358
35.	____ easily makes the change from one activity to the next	.354
60.	____ stays alert and interested in his/her activity without your help	.349
62.	How often do you see ____ playing with other children that are not brothers and sisters	.326
25.	When there is a rule ____ will obey it	.314
9.	____ really enjoys his/her work and play	.304

Appendix B

Table 2

Kohn Social Competence Scale for Parents

Factor Loadings for Transformed Scores (%)

Item		Factor Loading
	Factor I **Anger-Defiance** **(53.0% of the Total Variance)**	
8.	When you tell ___ to do something, he/she does it immediately	-.633
26.	____ stalls when he/she is told to do something	.612
4.	You can count on ____ to do what you tell him/her to do	-.600
33.	When you tell ____ to do something, he/she openly refuses to do it	.535
31.	When you make a rule ____ will break it	.516
25.	When there is a rule ____ will obey it	-.485
10.	When you tell ____ to do something, he/she shrugs shoulders, pouts or stamps his/her feet	.484
51.	____ puts things away carefully	-.439
22.	____ hits, kicks or has temper tantrums	.430
44.	When you tell ____ to wash his/her hands or get dressed you can count on him/her to do it	-.381
40.	____ will do what you say, but only half-heartedly	.377
45.	____ likes to quarrel	.370
41.	____ takes other children's things (toys, possessions) without asking	.341*
53.	____ responds when you plan the activity	-.339*
39.	Even when ____ knows the rules of a game, he/she likes to ignore them and play his/her own way	.338
54.	____ disrupts activities of other children	.337*
19.	____ acts like he/she's doing what you told him/her but he/she doesn't really do it	.331
37.	____ is hostile or angry with other children, for instance: he/she pushes, taunts, bullies, etc.	.321*
3.	____ easily loses interest and jumps from one activity to another	.308
15.	____ hits you	.307
47.	____ is bossy and demanding with other children	.299*
17.	____ readily takes your suggestion when he/she is playing	-.296

Table 2 (continued)

Kohn Social Competence Scale for Parents

Factor Loadings for Transformed Scores (Z)

Item	Factor	Factor Loading
	Factor III **Non-Compliance** **(7.6% of the Total Variance)**	
47.	____ is bossy and demanding with other children	.645*
39.	____ insists on being the leader when he/she plays with other children	.563
37.	____ is hostile or angry with other children, for instance: he/she pushes taunts, bullies, etc.	.474*
34.	____ disrupts activities of other children	.411*
52.	____ is unwilling to play with other children except on his/her own terms	.403*
41.	____ takes other children's things (toys, possessions) without asking	.345*
	Factor IV **Withdrawal-Apathy** **(16.0% of the Total Variance)**	
48.	____ spends time sitting around, looking around or wandering aimlessly	.467
61.	____ needs a lot of encouragement to join in games and activities	.464
16.	____ is fearful in approaching other children	.461
29.	____ is at loose ends when he/she doesn't have another child to tell him/her what to do	.430
34.	____ is lost when he/she is free to do what he/she wants	.412
57.	____ gives up easily when he/she comes to a problem	.411
7.	____ shies away when he/she meets new children	.373
42.	____ doesn't get very interested in the things he/she does	.364
52.	____ is unwilling to play with other children except on his/her own terms	.348*
20.	Other children boss ____ around	.336
12.	Other children seem unwilling to play with ____	.329
55.	When ____ is doing something new, he/she asks for help at every step	.326
28.	____ doesn't like it when you suggest something for him/her to play	.315
14.	____ can't stop other children from taking advantage of him/her	.296

Table 3

The Circus Educational Environment Questionnaire for Teachers

Factor Loadings for Transformed Scores (S)

Item		Factor	Factor Loading
		Factor I	
		Language and Mathematical Perception Skills (32.2% of the Total Variance)*	
83.	____	Recognition of letters and numbers.	.700
84.	____	Ability to form letters and numbers and copy geometric figures	.640
82.	____	Understanding of quantitative and number concepts	.582
79.	____	Skills in grammatical usage and pronunciation (e.g., ability to form plurals, use appropriate verb forms, etc.)	.571
80.	____	Auditory discrimination (phonetic)	.556
78.	____	Productive language skills (e.g., fluency of speech, ability to describe something or tell a story)	.506
86.	____	Ability to remember visual and verbal materials	.460
90.	____	Musical skills and understandings.	.454

*All total variances were based on the total number of items in each factor. Some items were deleted in some of the factors in order to obtain highest reliability.

		Factor II	
		Educational Objectives (15.3% of the Total Variance)	
92.	____	Abilities to cope with personal-social demands (e.g., impulse control, sense of self-identity and personal worth, ability to express feelings and respond to others, ability to cooperate or collaborate, ability to cope with competitive situations)	.676
85.	____	Creativity, imagination, capacity for fantasy	.614
88.	____	Physical and motor skills	.549
93.	____	Sensitivities and appreciations (e.g., enjoyment and appreciation of diverse experiences, respect for an interest in differences among people, enjoyment of play and humor, aesthetic appreciation)	.504
91.	____	Abilities to cope with cognitive-intellectual demands (e.g., attention, initiative and curiosity, positive attitudes toward learning)	.488
64.	____	Indicate your disapproval by a look or gesture	.372
69.	____	Redirect the child to another activity	.362
81.	____	Visual discrimination (e.g., ability to match shapes, discern patterns recognize colors)	.353
89.	____	Art and craft skills	.346
87.	____	Problem solving abilities (including classification skills)	.276
90.	____	Musical skills and understandings	.262
84.	____	Ability to form letters and numbers and copy geometric figures	.221
76.	____	General information about health and safety, the physical and social environment, etc.	.206

Table 3 (continued)

The Circus Educational Environment Questionnaire for Teachers

Factor Loadings for Transformed Scores (N)

Item		Factor	Factor Loading
		Factor III	
		Educational Philosophy	
		(11.1% of the Total Variance)	
37.	____	Disadvantaged children generally have more trouble learning number skills than middle-class children do.	.521
38.	____	Young children should be encouraged to work from patterns or models in their beginning artwork.	.461
31.	____	Boys generally have more trouble learning language skills than girls do.	.422
33.	____	The teacher should praise children often for neatness in appearance or work.	.412
53.	____	Disadvantaged children generally have more trouble learning language skills than middle-class children do.	.384
54.	____	The home is the source of most of the difficulties children have in class.	.344
55.	____	Traditional children's literature (fairy tales, nursery rhymes, etc.) has a definite place in preprimary programs.	.340
51.	____	Girls usually have more trouble learning number skills than boys do.	.337
73.	____	Talk over the situation privately with the child later.	.327
45.	____	Boys are usually more disruptive in the classroom than girls are.	.306
34.	____	Children should have assigned seats and places for at least a part of the class day.	.275
40.	____	Children appreciate firm discipline.	.263
83.	____	Recognition of letters and numbers.	.252
48.	____	It is important for teachers to have schedules and activity plans worked out well in advance for preprimary classes.	.251
46.	____	During class hours, there should be more communications between the children and the teacher than between the children.	.231
49.	____	The use of games, toys, and similar equipment and materials should be restricted to free play periods.	.220
36.	____	Each day's lessons and activities should be derived almost entirely from children's own interests and spontaneous questions or from incidents that occur in the environment.	.203

Table 3 (continued)

The Circus Educational Environment Questionnaire for Teachers

Factor Loadings for Transformed Scores (%)

Item		Factor	Factor Loading
		Factor IV **Efficient Classroom Procedures** **(9.0% of the Total Variance)**	
28.	____	It is important to include a number of activities about children's own cultures and ethnic groups in preprimary classes.	.489
40.	____	Children appreciate firm discipline.	.444
29.	____	Classroom visitors, however well meaning, tend to distract the children and disrupt class activities.	.441
26.	____	It is too early to encourage children to start reading at 4½ to 5½.	.427
42.	____	Children learn best when there is fairly good order and a low noise level in the classroom.	.396
50.	____	Children should be encouraged to ask the teacher's permission before beginning a new activity on their own.	.376
35.	____	Most of the objectives of preschool education are too intangible to measure or test.	.349
45.	____	Boys are usually most disruptive in the classroom than girls are.	.348
32.	____	Children should be corrected if they fail to speak one at a time in a group setting or if they do not wait their turn to be called upon.	.342
47.	____	It is more effective for the teacher to work with individuals or small groups than with the class as a whole.	.317
62.	____	There are many preschool and kindergarten for whom an informal classroom approach is not suitable.	.313
56.	____	Each day's lessons and activities should be derived almost entirely from children's own interests and spontaneous questions or from incidents that occur in the environment.	.285
41.	____	It is generally not a good educational practice to devote class time to educational television programs such as "Sesame Street".	.276
51.	____	Girls usually have more trouble learnings number skills than boys do.	.271
35.	____	Most of the objectives of preschool education are too intangible to measure or test.	.261
25.	____	The preschool or kindergarten should be more concerned with social-emotional development than with intellectual development.	.245
61.	____	Sensitive content such as sex, death, birth, God, and fears should be avoided as much as possible in preprimary classrooms.	.223
		Factor V **Pupil Control Techniques** **(7.8% of the Total Variance)**	
67.	____	Give the child a firm command to stop.	.594
72.	____	Isolate the child.	.506
66.	____	Physically restrain the child.	.429
69.	____	Redirect the child to another activity.	.323
68.	____	Tell the child immediately what he/she should be doing.	.313
		Factor VI **Avoidance of the Child or of Sensitive Subjective Content** **(Formerly part of Factor VII)**	
63.	____	Ignore the child.	-0.307
61.	____	Sensitive content such as sex, death, birth, God, and fears should be avoided as much as possible in preprimary classrooms.	0.300

Appendix B

Table 4

The Parent Attitude Questionnaire Instrument

Factor Loadings for Transformed Scores (N)

Item	Factor	Factor Loading
	Factor I **Early Maturity Demands** **(20.9% of the Total Variance)**	
25.	Parent doesn't believe in/does in giving three year hold household chores	.804
8.	A three-year-old permitted to play/given his/her household chores	.584
50.	A mother can expect/cannot expect a three-year-old child to help around the house	.508
20.	A four-year-old cannot/can be expected to help take care of younger child	.347
34.	A three or four-year-old child is a little too young/can make many decisions for him/herself	.319
	Factor II **Authoritarianism** **(17.7 % of the Total Variance)**	
38.	I do not like my child to question decisions/it is all right if my child argues with me about my decisions	.444
47.	No child should be permitted to strike his/her mother/a mother should not be mean to a small child who strikes her	.418
15.	If child refused to come when I called, I would insist that he/she obey immediately/I would first explain why I wanted him/her to come in	.40[illegible]
5.	A child should not talk back/has right to express his/her own beliefs to parents	.405
33.	Insist firmly child go to bed without further fuss/first try to reason with him/her	.401
45.	Child who continues to get out of bed should be punished for not obeying/ put to bed quietly but firmly	.361
41.	I don't mind it too much/I don't like it too much when my child argues with me	-.290
11.	A child should/should not be expected to eat a food that is set before him/ her that he/she really dislikes	.266
34.	A three or four-year-old child is too young/can make own decisions for him/herself	.221
6.	Stubborn and angry behavior in young child is a sign he/she is thinking for him/herself /parent should do whatever necessary to stop behavior	-.219
21.	Some child can only be made to obey by scolding and punishment/most children will obey a parent who is firm and loving	.214
	Factor III **Values Conformity** **(15.5% of the Total Variance)**	
43.	I decide/let my child choose the T.V. programs he/she want to watch	.734
16.	I prefer to select/let my child choose the programs he/she watches on television	.728

Table 4 (continued)

The Parent Attitude Questionnaire Instrument

Factor Loadings for Transformed Scores (Z)

Item	Factor	Factor Loading
	Factor IV **Firm Enforcement** **(14.9% of the Total Variance)**	
40.	Takes me time to quiet my child from temper tantrum/my child rarely has a temper tantrum	.525
14.	If I refused to buy child toy he/she wanted he/she might throw temper tantrum/I would not have trouble getting him/er to stop fussing	.502
36.	I often find it hard/have no trouble getting my preschool child(ren) to obey me	.499
29.	When I tell child to go to bed or bath I have reason to believe/I am not sure he/she will obey me	-.367
17.	My child often/rarely does things which make me angry	.318
	Factor V **Discourages Infantile Behavior** **(9.1% of the Total Variance)**	
26.	When a young child is feeling sad he/she should always be comforted/ young children often get their feelings hurt too easily	.384
28.	A child who demands a great deal of attention at bedtime may have a problem/ should be ignored or punished	.362
9.	A parent should always comfort a child in pain/children should learn to suffer some pain without being babied	.331
27.	A child should be able to do as he/she likes/a parent should make a child do many things that child does not want to do	.335
32.	I like to see a child have opinions and express them/a child should not argue with persons who have more experience	.321
18.	An adult cannot/can expect a child to obey a rule even if he/she does not understand the reason behind it	.277
51.	When child seeks attention from a parent he/she should in general get the attention/be ignored so as to discourage	.269
45.	Child who continues to get out of bed should be punished for not obeying/ put to bed quietly but firmly	-.238
30.	I would like to be more patient than I am with my child/it doesn't bother me too much when I am not patient with my child	.231
19.	An angry parent should not spank a child/it is quite all right for an angry parent to spank a naughty child	.222

Table 4 (continued)

The Parent Attitude Questionnaire Instrument

Factor Loadings for Transformed Scores (Z)

Item	Factor	Factor Loading
	Factor VI **Promotes Non-Conformity** **(6.7% of the Total Variance)**	
49.	A child should not have to/should be taught to obey all demands of his/her teachers	.416
41.	I don't mind it too much/I don't like it too much when my child argues with me	.355
42.	In family living it is often best not to be too strict about enforcing rules/family rules should be firmly enforced	.348
22.	A young child has the right to do what he/she wants/should have to take proper care of his/her toys	.337
39.	Young children need more freedom to do as they desire/young children need many restrictions on their activities	.330
21.	Some children can only be made to obey by scolding and punishment/most children will obey a parent who is firm and loving	.269
46.	Most preschool children cannot/can be trained to be of real help around the house	.232
6.	Stubborn and angry behavior in young child is a sign he/she is thinking for him/herself /parent should do whatever is necessary to stop behavior	.214
	Factor VII **Impatience** **(6.4% of the Total Variance)**	
10.	If my child refused to come in after I had called him/her several times I would get angry/be patient	.456
23.	When I am very angry with my child I let him/her know it/I try to control myself	.446
34.	A three or four-year-old child is a little too young/can make many decisions for him/herself	-.278
32.	I like to see a child have opinions and express them/a child should not argue with persons who have more experience	.270
19.	An angry parent should not spank a child/it is quite all right for an angry parent to spank a naughty child	.254
20.	A four-year-old cannot/can be expected to help take care of younger child	-.242
6.	Stubborn and angry behavior in young child is a sign he/she is thinking for him/herself /parent should do whatever is necessary to stop behavior	.218
	Factor VIII **Consistent Articulated Childrearing Philosophy** **(4.7% of the Total Variance)**	
24.	I feel sure/I am at times not sure of the right way to bring up my child(ren)	.487
1.	I do not/do have an exact, clear idea on how to raise children	-.422
48.	If I were tired and my child kept putting off going to bed I would try to be patient/I would get angry	.261
44.	With regard to my children I would characterize my discipline as quite firm/fairly easy	.236
4.	I often feel quite relieved/badly after I've given my child a well deserved scolding/because I've lost my temper	.221
36.	I often find it hard/have no trouble getting my preschool child(ren) to obey me	-.216
	Factor IX **Anger** **(4.1% of the Total Variance)**	
17.	My child often/rarely does things which make me angry	.518
7.	I very often/rarely feel angry with my child	.463

Table 5

The High Scope Home Environment Scale Instrument

Factor Loadings for Transformed Scores (Z)

Item	Factor	Factor Loading
	Factor I **Reading** **(44.0% of the Total Variance)**	
	How I'm going to read a list of things children start to learn as they grow to be school age. Please tell me which of them you have tried to teach ____ in the past month.	
32.	To count things	.703
30.	To write his/her name	.592
33.	To recognize numbers in books	.407
31.	To remember his/her address and telephone number	.404
27.	Nursery rhymes, prayers, or songs	.372
28.	Colors	.360
	Factor II **Adult-Child Interaction** **(15.6% of the Total Variance)**	
11.	How often do you join in the play activities that ____ is involved in such as playing games, drawing pictures, or singing?	.466
23.	Yarn, thread, and cloth scraps for knitting or sewing are in the home for child to play with.	.438
3.	How often do you and ____ talk about pictures he/she makes, what he/she does during the day, his/her friends and so on?	.435
12.	How much time does ____ watch television?	.397
4.	How often do you let ____ help you while you are cooking, cleaning house, washing dishes or doing other household tasks?	.368
2.	How often would you say someone reads stories to ____?	.305
34.	Have tried to teach child to say "abc's" in last month.	.238
6.	Child has helped mix or bake things, like cookies in last month.	.204
	Factor III **Activities** **(9.4% of the Total Variance)**	
1.	How many children's books are in your home that ____ can look at?	.767
2.	How often would you say someone reads stories to ____?	.374
16.	Scotch tape, paste or stapler in home for child to play with.	.281
6.	Child has helped mix or bake things, like cookies in last month.	.235
	Factor IV **Playthings** **(8.0% of the Total Variance)**	
13.	How often do you talk with ____ about his/her feelings towards things, such as his/her fears, people or things he/she especially likes, or people or things he/she especially doesn't like?	0.487
	I am going to read you a list of things children can play with. Please tell me which ones ____ has a chance to play with at home.	
19.	Paint or magic markers?	0.367
20.	Clay or playdough?	0.322
15.	Scissors?	0.304
16.	Scotch tape, paste or stapler?	0.274

Table 5 (continued)

The High Scope Home Environment Scale Instrument

Factor Loadings for Transformed Scores (±)

Item	Factor	Factor Loading
	Factor V **Artplay** **(6.5% of the Total Variance)**	
14.	Crayons and paper, in home for child to play with.	.414
13.	Scissors, in home for child to play with.	.391
21.	"Put-together" toys like tinker toys, legos, pegboards or beads for stringing, in home for child to play with.	.356
18.	Old picture catalogues to read and cut up, like Sears, Wards, or others, in home for child to play with.	.332
22.	Hammer and nails with some wood scraps, in home for child to play with.	.279
17.	Jigsaw puzzles, in home for child to play with.	.270
	Factor VI **Household Tasks** **(4.8% of the Total Variance)**	
6.	Child has helped mix or bake things, like cookies in last month.	.440
7.	Child has helped stir things while they cook, like soup, pudding or jello in last month.	.389
5.	Child has helped clean or peel food for a meal in last month.	.360
4.	How often do you let ____ help you while you are cooking, cleaning house, washing dishes or doing other household tasks?	.338
	Factor VII **Cognition** **(4.3% of the Total Variance)**	
26.	How often do you play "house," "store," "doctor" or other make believe games with ____?	.614
25.	Plants of his/her own in a pot or garden, in the home to play with.	.438
34.	Have tried to teach child to say "abc's" in past month.	.332
	Factor VIII **Household Tasks (II)** **(3.8% of the Total Variance)**	
10.	Child has helped put clean clothes into the right drawers or shelves, in last month.	.399
9.	Child has helped take off the dishes after meals, in last month.	.339
8.	Child has helped find food on shelves at the grocery store for you, in last month.	.283
4.	How often do you let ____ help you while you are cooking, cleaning house, washing dishes or doing other household tasks?	.252
5.	Child has helped clean or peel food for a meal in last month.	.204
	Factor IX **Cognition (II)** **(3.6% of the Total Variance)**	
29.	Have tried to teach child shapes, such as circles, squares, or triangles, in the past month.	.498
31.	Have tried to teach ____ to remember his/her address and telephone number, in past month.	.320
24.	Make believe toys out of milk cartons, tin cans or egg cartons, in the home to play with.	.304